



King County

Best Starts for Kids Implementation Plan

**Department of Community and Human Services
Public Health – Seattle & King County**
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EXECUTIVE SUMMARY

This section of the implementation plan addresses:

- Vision for *Best Starts for Kids*
- BSK Results
- Expected Revenue and Funding Allocations
- Strategy Areas, Funding Levels and Programmatic Approaches
- Indicators
- Implementation Drivers
- Procurement
- Fiscal Management
- Evaluation
- Junior Taxing District Prorationing
- Youth and Family Homelessness Initiative
- Next Steps

VISION FOR *BEST STARTS FOR KIDS*

Best Starts for Kids (BSK) is an initiative **to improve the health and well-being of all King County residents by investing in promotion, prevention and early intervention for children, youth, families and communities.**

The *Best Starts for Kids* Levy is rooted in the fundamental belief – from within King County government, and across King County’s richly diverse communities – that our county is a region of considerable opportunity, and that we all benefit when each and every County child, youth and young adult is supported to achieve his/her fullest potential. Lives of health, prosperity and purpose must be within reach for every King County resident. With *Best Starts for Kids*, we will work to assure that neither zip code, nor family income, constrain our young people from pursuing lives of promise and possibility.

BSK investments will be driven by the abundance of research which identifies key windows of human development – prenatal through early childhood, and again in adolescence – in which we can maximize strong and healthy starts in children’s early years, as well as sustained gains and successful transitions for youth and young adults.

In developing the *Best Starts for Kids* initiative, which led to this implementation plan, King County staff sought guidance from multiple perspectives to assure that our approach to investments is grounded in science, responsive to community needs and capable of achieving tangible and positive outcomes.

BSK intends to forge a new way of partnering to support the well-being of children, families and communities. Through the engagement of a Children and Youth Advisory Board (CYAB) that was appointed by the King County Executive and confirmed by the King County Council, the County will assure that BSK responds to community-prioritized needs, and addresses those needs through funding approaches that are community-based and community-driven.

BSK implementation will mirror the County’s commitment to equity, and a transformed approach to human services investments that is focused on promotion, prevention and early intervention for children and youth. These two County policies – Equity and Social Justice (ESJ), and Health and Human Services Transformation – are fundamental to BSK:

- **Equity and Social Justice.** King County intentionally applies the principle of “fair and just” in all we do, to assure equitable opportunities for all people and communities. Ultimately, our Equity and Social Justice Strategic Plan¹ will provide a platform for accurately defining the disparities that currently exist in our community and identifying the most promising solutions toward advancing social, economic and racial equity.
- **Health and Human Services Transformation.** The Health and Human Services Transformation Plan defines an accountable, integrated system of health, human services, and community-based prevention for King County. Our vision is that by 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery and eliminates disparities by providing access to services that people need to realize their full potential.

As part of the County’s commitment to these two policies, in April 2015, County Executive Dow Constantine transmitted an ordinance to the King County Council proposing that a property tax levy to fund *Best Starts for Kids* be placed on the November 2015 ballot. In July 2015, Council approved an ordinance to send the BSK Levy to the voters for the purpose of funding prevention and early intervention strategies to improve the health and well-being of children, youth and their communities. The BSK Levy was approved by King County voters in November 2015.

BSK RESULTS

All the work of *Best Starts for Kids* will drive toward the following results, which we envision for all of King County’s children, youth and young adults.

BSK RESULTS
<ul style="list-style-type: none">• Babies are born healthy and establish a strong foundation for lifelong health and well-being.
<ul style="list-style-type: none">• King County is a place where everyone has equitable opportunities to progress through childhood safe and healthy, building academic and life skills to be thriving members of their communities.
<ul style="list-style-type: none">• Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County’s children and families, regardless of where they live.

EXPECTED REVENUE AND FUNDING ALLOCATIONS

It is expected that the BSK Levy will generate just over \$400 million over the next six years, at a cost to the average King County property owner of approximately \$56 per year:

Expected Revenue (in millions)	
2016	\$59.5
2017	\$62.3
2018	\$65.1
2019	\$68.0
2020	\$71.1
2021	\$74.2
2016-2021 TOTAL:	\$400.1

BSK revenue will support the County and its community partners to achieve the BSK results (above) for all King County children, youth, families and communities. The *Best Starts for Kids* Levy ordinance² mandates the following funding allocation for the total levy, excepting \$19 million in initial collections for a youth and family homelessness prevention initiative and amounts for costs attributable to the election:

BSK FUNDING ALLOCATIONS

- **Invest Early. Fifty percent** will be invested in promotion, prevention and early intervention programs for children under age five, and pregnant women. The science and evidence shows us that the earlier we invest, the greater the return for both the child's development and our society.
- **Sustain the Gain. Thirty-five percent** will be invested in promotion, prevention and early intervention programs for children and youth age five through 24. The science and research tells us that adolescence is critical time for brain development; prevention efforts addressed at key developmental stages or transition points in a young person's life help to sustain the gains made earlier in life.
- **Communities Matter. Ten percent** will be invested in strategies to create safe and healthy communities, such as increasing access to healthy, affordable food and expanding economic opportunities and access to affordable housing. This strategy will sustain and expand the partnership between King County and The Seattle Foundation on **Communities of Opportunity**, which is based on the latest research regarding the impact of place on a child's success. It also supports local communities in building their own capacity to creative positive change.
- **Outcomes-Focused and Data-Driven. Five percent** will support evaluation, data collection, and improving the delivery of services and programs for children and youth. This will ensure *Best Starts for Kids* strategies are tailored for children from diverse backgrounds and that we deliver on the results for every child in King County. A portion of proceeds in this category may also be used for eligible services provided by certain junior taxing districts, subject to certain limitations.

The table below shows how the allocations described on the previous page tie, at a high level, to the funding levels contained in the rest of the document.

Expenditures		Levy Total (2016-2021)	
Eligible expenditures out of the first year’s levy proceeds (Ord. 18088, Section 5.A)			
Youth and Family Homelessness Prevention Initiative		\$19,000,000	
Election Costs		\$117,000	
	SUBTOTAL:	\$19,117,000	
Eligible expenditures allocated by percentage (Ord. 18088, Section 5.C)			
Invest Early (Prenatal to 5 Years)		\$184,977,000	50%
Sustain the Gain (5-24 Years)		\$129,483,000	35%
Communities of Opportunity		\$36,996,000	10%
Evaluation, Improvement, and Accountability		\$18,498,000	5%
<i>Of this amount, \$1,000,000 is reserved for eligible services provided by prorationed fire and parks districts</i>			
	SUBTOTAL:	\$369,954,000	100%
Levy Reserves (60 days of expenditures)		\$11,000,000	
TOTAL USE OF LEVY PROCEEDS:		\$400,071,000	

STRATEGY AREAS, FUNDING LEVELS AND PROGRAMMATIC APPROACHES

The charts below summarize the overarching BSK strategy areas for each of the funding allocation categories above, and projected funding levels and implementation approaches. The funding levels meet the mandated percent allocations for the levy once the expenditure reserves (which are not shown in the tables below) required by County financial policies are included.

Invest Early

These are the overarching strategy areas for BSK investments in Prenatal – 5 Years:

BSK STRATEGY AREAS – Invest Early (Prenatal – 5 Years)	
Support parents, families and caregivers	Screen children to prevent potential problems, intervene early and effectively link to treatment
Cultivate caregiver knowledge	Support high quality childcare (in home and in centers, licensed and unlicensed)

The chart below provides an overview of funding levels and programmatic approaches that support the Invest Early strategy areas, and which we believe will lead to the BSK results:

Invest Early (Prenatal – 5 Years)		
Estimated funding levels		Programmatic approaches
2016	2017-2021 average	
\$350,000	\$1,560,000	Innovation Fund for programs driven by specific community interests/needs
\$497,000	\$9,230,000	Home-Based Services, including investments such as: <ul style="list-style-type: none"> • Home visiting • Community-based programs and innovative approaches
\$95,000	\$2,360,000	Community-Based Parenting Supports, including investments such as: <ul style="list-style-type: none"> • Prenatal and breastfeeding support • Injury prevention • Oral health • Healthy vision • Immunization education • Environmental health, including lead, toxins and asthma Parent/Peer Supports, including investments such as: <ul style="list-style-type: none"> • Play & Learn Groups • Community-based groups based on community interest and need
\$0	\$600,000	Information for Parents/Caregivers on Healthy Development, including investments such as: <ul style="list-style-type: none"> • Expanding access to VROOM • Other research-based brain development initiatives
\$93,000	\$2,230,000	Child Care Health Consultation, including investments such as: <ul style="list-style-type: none"> • Onsite support to licensed child care providers – family child care homes and child care centers – to promote children’s health and development, and assure healthy and safe care environments • Community-based trainings on child health and safety
\$795,000	\$7,310,000	Direct Services and System Building to Assure Healthy Development, including investments such as: <ul style="list-style-type: none"> • Developmental screenings for all very young children • Early intervention services • System building for infant/early childhood mental health
\$126,000	\$1,440,000	Workforce Development, including investments such as: <ul style="list-style-type: none"> • Training and information for medical providers, child care and home-based services on multiple topics that promote healthy early childhood development
\$3,481,000	\$9,590,000	Investment in Public Health’s Maternal/Child Health Services

\$449,000	\$1,490,000	Help Me Grow Framework-Caregiver Referral System
Invest Early (Prenatal – 5 Years) Totals:		
\$5,886,000	\$35,818,200	Total over the life of the levy (2016-2021): \$184,977,000 (50% of total expenditures, excepting year-one set-asides)

Sustain the Gain

These are the overarching strategy areas for BSK investments in 5 - 24 Years:

BSK STRATEGY AREAS – Sustain the Gain (5 – 24 Years)		
Build resiliency of youth, and reduce risky behaviors	Meet the health and behavior needs of youth	Create healthy and safe environments for youth
Help youth stay connected to their families and communities	Help young adults who have had challenges successfully transition into adulthood	Stop the school to prison pipeline

The chart below provides an overview of funding levels and programmatic approaches that support the Sustain the Gain strategy areas, and which we believe will lead to the BSK results:

Sustain the Gain (5 - 24 Years)		
Funding levels		Programmatic approaches
2016	2017-2021 average	
\$1,121,000	\$11,400,000	Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as: <ul style="list-style-type: none"> • Trauma-informed schools and organizations • Restorative justice practices • Healthy relationships and domestic violence prevention for youth • Quality out-of-school time programs • Youth leadership and engagement opportunities
\$219,000	\$2,950,000	Help Youth Stay Connected to Families and Communities, including investments such as: <ul style="list-style-type: none"> • Mentoring • Family engagement and support
\$385,000	\$5,220,000	Meet the Health and Behavior Needs of Youth, including investments such as: <ul style="list-style-type: none"> • Positive identity development • School-based health centers • Healthy and safe environments

		<ul style="list-style-type: none"> Screening and early intervention for mental health and substance abuse
\$100,000	\$1,480,000	Helping Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as: <ul style="list-style-type: none"> Supporting youth to stay in-school Supporting Opportunity Youth to re-engage
\$500,000	\$4,380,000	Stop the School to Prison Pipeline, including investments such as: <ul style="list-style-type: none"> Prevention/Intervention/Reentry Youth and Young Adult Employment Theft 3 and Mall Safety Pilot Project
Sustain the Gain (5-24 Years) Totals:		
\$2,325,000	\$25,431,600	Total over the life of the levy (2016-2021): \$129,483,000 (35% of total expenditures, excepting year-one set-asides)

Communities of Opportunity

These are the overarching strategy areas for BSK investments in Communities of Opportunity (COO):

BSK STRATEGY AREA – Communities of Opportunity		
Support priorities and strategies of place-based collaborations in communities with much to gain	Engage multiple organizations in institutional, system and policy change work	Foster innovations in equity through a regional learning community

The chart below provides an overview of funding levels and programmatic approaches that support the Communities of Opportunity (COO) strategy areas, and which we believe will lead to the BSK results:

Communities of Opportunity		
Funding levels		Programmatic approaches
2016	2017-2021 average	
\$489,000	\$7,300,000	Geographic or cultural community-based investments: <ul style="list-style-type: none"> In current sites To expand geographic or cultural communities participating with COO To implement common strategies and system level solutions for all COO partners
		Investments in Community Organizations and Intermediaries to Work on Institutional, System and Policy Change

		Learning Community Investments <ul style="list-style-type: none"> Infrastructure that will unite work in common
Communities of Opportunity Totals: Total over the life of the levy (2016-2021): \$36,996,000 (10% of total expenditures, excepting year-one set-asides)		

HEADLINE INDICATORS

BSK strategies will contribute toward progress in a set of headline indicators. The headline indicators are aspirational measures that help quantify BSK’s three overarching results, and will be used to align partners and investment strategies. The headline indicators were vetted with the Children and Youth Advisory Board and other experts and community partners.

Headline indicators are about an entire population, (for example, young adults in King County) and are impacted by factors outside of BSK investments. Through a Results Based Accountability framework³, we have defined how BSK will contribute to improving headline indicators. These headline indicators will be measured and reported annually.

The charts below list the headline indicators for each of the three BSK results. A full explanation of the technical definitions and a list of example secondary, supporting indicators are included in Appendix 1.

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none"> Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
<ul style="list-style-type: none"> Households receiving investigations for reported child abuse or neglect
<ul style="list-style-type: none"> Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
<ul style="list-style-type: none"> Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> 3rd graders who are meeting reading standards
<ul style="list-style-type: none"> 4th graders who are meeting math standards
<ul style="list-style-type: none"> Youth who are using illegal substances
<ul style="list-style-type: none"> Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
<ul style="list-style-type: none"> Youth and young adults who are in excellent or very good health

• Youth who graduate from high school on time
• Youth and young adults who are either in school or working
• High school graduates who earn a college degree or career credential

HEADLINE INDICATORS – Communities of Opportunity
• Households earning a living wage, above 200 percent of poverty
• Youth and young adults who are either in school or working
• Youth who have an adult to turn to for help
• Adults engaged in civic activities
• Renters paying less than 50 percent of their income for housing
• Involuntary displacement of local residents
• Life expectancy
• Physical activity levels among youth and adults

Intermediate measures that more closely align with BSK investments/strategies will be identified as part of the evaluation plan. Intermediate measures may take the form of performance measures that are specific to BSK investments, population-level measures that the investments are most likely to change within ten years, and qualitative data to complement quantitative measures.

The intermediate, performance-based measures will be those for which BSK is accountable, and which measure the performance (for example: How much is delivered? How well? Is anyone better off?) of BSK strategies. Performance measures are about individuals who are directly served by programs. As we move further into implementation and planning, we will develop performance indicators and measures that will allow County leadership, staff and partners to track outcomes and desired results over a multi-year period. These will be measured and reported at least annually and, in many cases, more frequently.

IMPLEMENTATION DRIVERS

BSK will be implemented in King County in the context of several other public and private initiatives focused on improving outcomes, promoting equity and social justice, and reducing disproportionality across our communities. We will look to partner wherever possible to assure well-aligned, well-informed and non-duplicative programs and services. We will also assure that BSK leverages other funding and expertise to maximize the impact of public and private investments in healthy outcomes for children, youth, families and communities in King County.

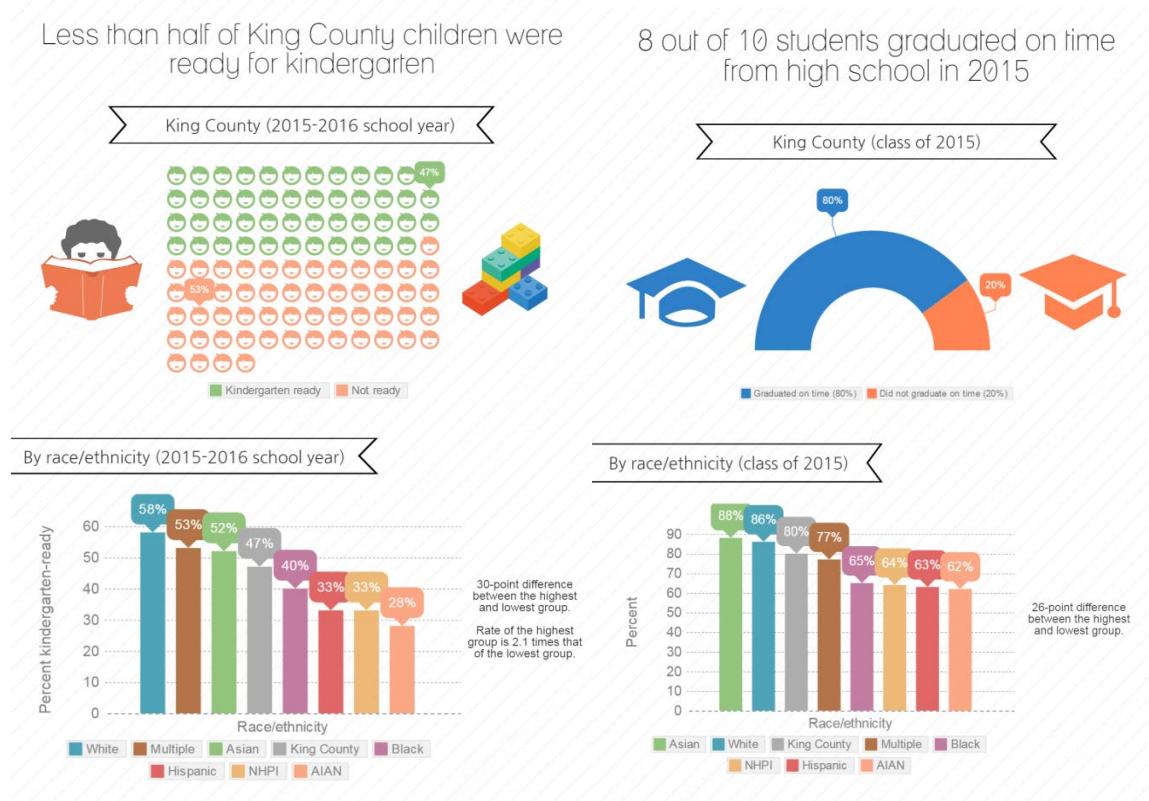
Throughout this plan, we detail the key factors that will drive and inform the implementation of *Best Starts for Kids*. They are: **data and outcomes**, **science and research**, and **community priorities and partnerships**.

BSK IMPLEMENTATION – Guided by Data and Outcomes

Best Starts for Kids will support all King County residents and regions to achieve their full potential by balancing and aligning King County’s other crucial investments addressing crises and chronic problems, with the BSK approach, which is focused on promotion, prevention and early intervention, leading to health, prosperity and equity across our County.

BSK implementation will be informed by data – both qualitative and quantitative – to assure that we move the needle to improve health and well-being. In determining the headline indicators and developing the implementation plan, we have been guided by data that illustrate the unacceptable current state of health and well-being for many of our children and youth, and the significant disparities experienced by our children and youth of color. Section IV highlights themes that emerged from analyses of community conversations, youth focus groups, and related documents.

The infographics below show the current state in our County for two of the indicators: kindergarten readiness and on-time high school graduation. Infographics detailing all of the BSK results for Invest Early and Sustain the Gain are included in Appendix 2.



Information gathered through close attention to what the data tell us, and progress toward the outcomes we seek, will guide partnerships, procurement, implementation and evaluation across all of *Best Starts for Kids*.

BSK IMPLEMENTATION – Grounded in Science and Research

The conceptualization of *Best Starts for Kids* was built on the work of researchers, content experts and community leaders from across our region. As we now move into implementation, science and research will continue to inform what we prioritize and how we invest. Section III describes the research and evidence base that has grounded our work to date and which will inform us moving forward. It includes:

- The Importance of Early Childhood
- Adolescent Brain Development
- The Impact of Adverse Childhood Experiences (ACEs), Trauma and Toxic Stress
- Building Resilience and Strengthening Protective Factors.

Key informants for building our knowledge of the science and research have included the University of Washington Institute for Learning & Brain Sciences (I-LABS), the Children and Youth Advisory Board (CYAB), the BSK Science and Research Panel, the Youth Action Plan Task Force, the Community Center for Education Results Roadmap Project, the Transformation Plan Advising Partners Group, the King County Alliance for Human Services and the Youth Development Executive Directors Coalition. County staff also reviewed and consulted with jurisdictions and organizations from around the United States and the world, and mined the research regarding best and promising practices.

BSK Implementation – Led by Community Priorities and Delivered through Partnerships

Best Starts for Kids is a strengths-based approach, which will maximize the assets and knowledge of our richly diverse County and its many communities and cultures. In developing BSK strategies and this implementation plan, King County turned directly to communities and partners across our region for input and guidance. These conversations provided critical input to assure that the plan reflects County residents' needs and expectations. The implementation plan is also based on the extensive community work done in preparation of the Youth Action Plan and *Best Starts for Kids* prior to adoption. A discussion of BSK's approach to community priorities and partnerships is in Section IV.

As we move into the implementation stage of BSK, community partnerships and community voice will continue to be essential. One asset for assuring that BSK implementation reflects community priorities is the Children and Youth Advisory Board (CYAB). The BSK ordinance directed the creation of an oversight and advisory board to provide recommendations and monitoring on the distribution of levy proceeds related to children and youth ages 0-24.⁴ The ordinance stated that the oversight and advisory plan be consistent with the recommendations contained in the County's Youth Action Plan (YAP), and that the oversight and advisory board comprise a wide array of King County residents and stakeholders with geographically and culturally diverse perspectives. In December 2015, Executive Constantine appointed 35 experts, researchers and community leaders to the CYAB (see the full roster in Appendix 3). King

County Council approved the members in February 2016 (see information about the Council's action [here](#)). The CYAB carries dual responsibilities tied to the Best Starts for Kids Levy and the Youth Action Plan.

Communities of Opportunity, and its governance group, is also a key partner in assuring that all of *Best Starts for Kids* is informed by, and responsive to, the needs and priorities of County residents across our region.

PROCUREMENT

A large majority of *Best Starts for Kids* funding will be competitively bid in outcome-focused contracts to community-based organizations. This will help address inequities across the region, and assure that as BSK strategies are implemented, they are appropriate for all cultural and ethnic groups. Full discussion of procurement is in Section IV.

FISCAL MANAGEMENT

Programmatic and fiscal audits of participating agencies will include a site visit to each provider at least once every two years. The site visits will examine both fiscal and programmatic aspects of program implementation. The fiscal component of each site visit will include, but not be limited to, providers' internal controls and the analysis of audited financial statements. The programmatic component will include, but not be limited to, achievement of contracted outcomes and client data quality. In addition, as part of annual audits conducted by the State Auditor's Office, the State has the authority to select specific pass-through entities for review.

The Department of Community and Human Services (DCHS) will administer all of the *Best Starts for Kids* funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will coordinate with Public Health Seattle & King County (PHSKC) regarding contracts or grants for which it may be advantageous that PHSKC be the administrator.

EVALUATION

To quantify and document the results of BSK investments, the BSK evaluation will show data over time and progress toward equity for specified indicators, analyzed by age, race/ethnicity, geography and socioeconomic status. Qualitative approaches to complement limitations of quantitative data will also be included. The BSK data team will develop an evaluation plan by July 2017, which will specify performance measures and qualitative methods, after the specific portfolio of investments are procured. The framework for evaluation and performance measurement is in Section VIII.

JUNIOR TAXING DISTRICT PRORATIONING

King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided by certain junior taxing districts, to the extent those districts are prorated and subject to certain limitations. Discussion of junior taxing district levy prorating is in Section IX.

BSK YOUTH AND FAMILY HOMELESSNESS PREVENTION INITIATIVE

The BSK Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is intended to prevent and divert children and youth and their families from becoming homeless. Ordinance 18088, directed the King County Executive to submit to King County Council for review and approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative by March 1, 2016. The plan was reviewed and amended by Council, and passed on May 9, 2016.

The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill & Melinda Gates Foundation and the Medina Foundation.

There is no further discussion of the Youth and Family Homelessness Prevention Initiative in this implementation plan.

NEXT STEPS

With the implementation plan complete, we will continue our work to finalize BSK's procurement approach, and sequence and prioritize our approach. This will take time. Over the next 12 months, the County will engage in a rigorous and collaborative process to build out BSK implementation and evaluation.

This prioritization process for implementation will be **guided by data and outcomes, grounded in science and research**, and **led by community priorities and partnerships**. Key considerations will also include opportunities for leveraging other funds, and assuring that Best Starts for Kids integrates other County priorities including the Equity and Social Justice Initiative, the Youth Action Plan and the Juvenile Justice Equity Steering Committee.

Section I

THE *BEST STARTS FOR KIDS* LEVY – HISTORY, VALUES AND APPROACH

This section of the implementation plan addresses:

- The Policy Basis for BSK
- Shaping the BSK Levy

POLICY BASIS FOR BSK

Through *Best Starts for Kids*, King County will assure that every child in our region is able to achieve his or her full potential in life. BSK will help King County transition to less expensive, more effective upstream solutions to costly challenges and, in so doing, deliver on our ambitious vision for all King County children, youth and families. Ultimately we know that prevention and early intervention are the most effective and least expensive ways to address our most serious problems. Science tells us that lifelong problems can often be prevented by investing heavily in children before age five and making strategic investments at critical points in young people’s development before age 24. Prior to *Best Starts for Kids*, much of the County’s funding has been in response to negative outcomes—severe mental illness, homelessness, substance abuse, chronic illness and youth who have dropped out of school or been involved in the juvenile justice system. Seventy-five percent of the County’s General Fund pays for the law and justice system.

In his 2014 State of the County address, King County Executive Dow Constantine announced his intention to work with the King County Council and community partners to define regional investments that would help make the collective vision for healthy people and communities a reality. County staff set out to design a potential levy that would mirror the County’s commitment to equity, through a transformed approach to human services investments, focused on promotion, prevention and early intervention for children and youth. The resulting *Best Starts for Kids* ballot measure represented implementation of the County’s adopted policy direction. BSK was developed within the context of the King County Strategic Plan, the [Equity and Social Justice Ordinance](#), the [Health and Human Services Transformation Plan](#) and the [2015 Youth Action Plan](#). As a prevention and early intervention initiative, *Best Starts for Kids* investments will balance other County investments including [Mental Illness and Drug Dependency \(MIDD\)](#) funding and the [King County Veterans and Human Services Levy](#).

In April 2015, Executive Constantine transmitted the ordinance to the Council proposing that *Best Starts for Kids* be placed on the November 2015 ballot. *Best Starts for Kids* assures that the County is equipped not only to respond to crises and emergent needs, but also to invest in children and youth at key points in their development to promote the best possible outcomes.

“This is a victory for children, youth and families across King County—and our opportunity to transition to upstream solutions...Best Starts for Kids is the comprehensive, performance-driven, science-based approach that will create a national model for expanding opportunity.”

King County Executive, Dow Constantine
November 4, 2015

Equity and Social Justice (ESJ)

In King County, we recognize that our economy and quality of life depend on the ability of everyone to contribute. The County is committed to removing barriers that limit the ability of some to fulfill their potential. It is troubling that race, income and neighborhood are major predictors of whether we graduate from high school, become incarcerated, how healthy we are, and even how long we will live. King County is committed to implementing our equity and social justice agenda, and to work toward fairness and opportunity for all. *Best Starts for Kids* is reflective of the County's commitment to Equity and Social Justice and the work the County is undertaking to impact lives and change inequities by focusing on institutional policies, practices and systems. *Best Starts for Kids* provides an opportunity to assure that this systems change includes broader systems work beyond that which is internal to the County, including investing in communities and grassroots efforts, and focusing on the principles of ESJ in its many forms.

Health and Human Services Transformation

Best Starts for Kids is rooted in the County's work to transform the approach to health and human services. In 2012, the King County Council requested the development of a Health and Human Services Transformation plan, which would be responsive to our equity and social justice focus and the policy goals of achieving a better experience of health and human services for individuals, better outcomes for the population, and lowered or controlled costs. To inform the principles, strategies, and initial action steps that would result in a better performing system, the County Executive convened a thirty-member panel, which included representatives from human services, health care delivery, prevention, public health, philanthropy, labor and local government. The final Health and Human Services Transformation Plan was approved by King County Council in 2013, and charts a five-year course to a better performing health and human service system for the residents and communities of King County.

The premise of the Transformation Plan was foundational in the development of *Best Starts for Kids*. The Transformation Plan seeks to improve health and well-being and create conditions that allow residents of King County to achieve their full potential through a focus on prevention. At the **individual/family level**, the plan outlined strategies designed to improve access to person-centered, integrated, culturally competent services when, where, and how people need them. At the **community level**, the plan called for improvement of community conditions and features, because health and well-being are deeply influenced by where people live, work, learn, and play⁵.

The Transformation Plan and its early strategies highlighted the imbalance of the County's health and human services investments, which, prior to BSK, were tipped heavily toward crises and emergent needs, and lacked a cohesive and research-based approach to prevention and early intervention. Through BSK, King County is rebalancing our investments toward prevention and assuring that we use resources to promote the results we seek for every child and family, and for every developing youth and young adult. We seek results which are built on their strengths, and worthy of their promise and potential, across all communities and cultures in King County.

The Youth Action Plan

King County Council approved legislation in 2014 calling for the development of a Youth Action Plan (YAP) to set priorities for serving the County's young people, from infants through young adults. The YAP was developed by a task force representing a broad range of organizations with expertise and experience relevant to infants, children and youth, and reflecting King County's geographic, racial and ethnic diversity. The YAP was completed in April 2015 and will inform the County's annual investments in services and programs across the full continuum of children and youth.⁶

Recommendation areas in the YAP stipulate that the well-being of children and families, and youth and young adults, should not be predicted by their race, ethnicity, gender, sexual orientation, ability, geography, income, or immigration status, and that policy development, services, and programming should intentionally include diverse youth/youth voices, and voices of those people impacted by policies and services, in authentic and meaningful ways. Specifically, YAP recommendation areas are:

- Social Justice and Equity
- Strengthen and Stabilize Families, and Children, Youth and Young Adults
- Stop the School to Prison Pipeline
- Bust Siloes/We're Better Together
- Get Smart About Data
- Invest Early, Invest Often, Invest in Outcomes
- Accountability
- Youth Bill of Rights
- Evaluation

The Children and Youth Advisory Board, appointed by the Executive and Council, is responsible for guiding BSK recommendations and investments, and those articulated in the YAP.

SHAPING THE BSK LEVY

The *Best Starts for Kids* ordinance proposed by Executive Constantine, supported by a majority of the King County Council and approved by County voters was the result of thousands of hours of consultation with researchers and experts, and extensive engagement with community partners. Following approval of *Best Starts for Kids* by the voters in November 2015, a cross-agency BSK leadership team within King County government – including staff from PHSKC, DCHS, and the County Executive's office – began the next steps of the process that would lead to the development of this implementation plan.

The staff team established a project management structure and approach that supported internal workgroups of practice/field/subject matter experts to delve deeply into individual strategy areas, building off our understanding of the current data, the science and research base, and community input on specific bodies of work to be funded through BSK. County staff leads and work groups continued their discussions with external partners, and repeatedly looped back with community members through County-wide outreach to assure that the implementation plan for BSK reflects the priorities of King County residents and supports achievement of the BSK vision.

As BSK planning proceeded in early 2016, multiple perspectives were critical in leading to this implementation plan:

- **Children and Youth Advisory Board (CYAB).** The CYAB has advised on the Prenatal – 5 Years, and 5 – 24 Years strategies of the implementation plan. The CYAB’s work going forward will include partnering with the County to ensure that children and youth investments through *Best Starts for Kids* are consistent with the requirements of the levy, while ensuring expenditures of funds is transparent to the public. The list of board members is in Appendix 3.
- **Juvenile Justice Equity Steering Committee (JJESC).** The work of BSK will be aligned with, and informed by, the Juvenile Justice Equity Steering Committee (JJESC). The JJESC is a group of King County leaders charged with recommending solutions to end racial disparity in the regional juvenile justice system. It is the largest and most diverse group King County has ever assembled to act on juvenile justice issues. The committee will engage those most impacted by the juvenile justice system as members examine school, police, court and detention policies. Parents, youth, mental-health and grassroots leaders are included among the JJESC membership. They are teaming up with the heads of school districts, law enforcement agencies and courts from across the County. The panel includes youth who have experienced juvenile detention themselves, youth mentors, a foster parent and community-based advocates fighting to dismantle the school-to-prison pipeline by increasing effective alternatives to school suspensions and youth detention. The committee is charged with developing action plans designed to reduce the over-representation of youth of color in our juvenile justice system. The list of committee members is in Appendix 5.
- **Data Team.** The data team has been responsible for generating baseline data to inform the BSK Levy, analyzing community conversations for themes to inform strategy development, using a systematic and participatory process to identify the indicators that will help quantify BSK results, and developing a framework for evaluating BSK investments. The data team is a multi-disciplinary group comprising masters- and doctorate-level epidemiologists, social research scientists, demographers and evaluators from Public Health-Seattle & King County, King County Department of Community and Human Services and King County Performance, Strategy and Budget Office. They are nationally known for their data analyses and evaluation expertise of large-scale community initiatives and have a strong record of using participatory approaches in designing and implementing evaluations. Together, they bring requisite quantitative and qualitative expertise including use of population and program data and systematic analysis of qualitative data.
- **Science and Research Panel.** The BSK Science and Research panel serves a consulting role to inform the County staff and the CYAB. This ad hoc group of science and practice experts provided review and recommendation on BSK strategies, related to both Prenatal – 5 Years and 5 – 24 Years. The guidance of the Science and Research Panel ensures that BSK is pursuing approaches that are aligned with research and scientific evidence. The Science and Research Panel will also provide input on BSK’s data and evaluation needs. The list of panel members is in Appendix 4.
- **Community Conversations.** Multiple rounds of community conversations have been conducted throughout the County as the levy first took shape, and again in spring 2016 to assure that County staff were successfully capturing community input. Section IV provides a full discussion of how community priorities and partnerships are driving BSK implementation.

Section II

BSK IMPLEMENTATION – GUIDED BY DATA AND FOCUSED ON OUTCOMES

This section of the implementation plan addresses:

- Our Children, Youth, Families and Communities – *What the Data Are Telling Us*
- Headline Indicators to Guide the Work

OUR CHILDREN, YOUTH, FAMILIES AND COMMUNITIES – *WHAT THE DATA ARE TELLING US*

BSK implementation will be informed by data – both qualitative and quantitative – that helps King County and its community partners to maximize our communities’ strengths and assets, and address community-identified gaps and needs. The imperative to focus on data and outcomes was articulated in the BSK ordinance,⁷ detailed explicitly in the Youth Action Plan⁸, and emphasized repeatedly in community conversations.

As we begin implementation of *Best Starts for Kids*, we know that although King County as a whole is a thriving and prosperous region, some of our children and youth are in danger of being left behind. BSK offers a chance to do better by our young people. Approximately 25,000 children are born in King County every year and one out of every five County residents is under age eighteen. Half of King County residents under age eighteen are people of color. Our aspirations for BSK are to explicitly reduce some of the disproportionate inequities.

Of note:

- Approximately one-third of pregnant women do not receive the recommended levels of prenatal care.
- Infant mortality is four times higher in some areas of King County than others.
- Across the County, the percentage of children age five and under living in poverty is as low as six percent in some regions and as high as 26 percent in other regions.
- One in five adolescents is overweight or obese and only 22 percent of adolescents receive the recommended levels of physical activity.
- Twenty-nine percent of adolescents report having depressive feelings and 25 percent report using alcohol or other illicit drugs.

All too often the children and youth who are being left behind and are not receiving services before a crisis occurs are children and youth of color. Young people of color make up at least 50-60 percent of youth and young adults experiencing homelessness, despite only 29 percent of King County's general population being people of color.

Juvenile justice is one of the areas where the disparities are most blatant, and too few youth receive appropriate services before a crisis occurs. African-American youth make up approximately fifty percent

of those in detention in King County, or five times their rate of representation in the general population. We know that there is racism plaguing our system, which must be met head on to assure that every child and youth in our County is supported to achieve to his/her potential. Interwoven within BSK will be the imperative to address disparities in the regional juvenile justice system. BSK will take recommendations from the [Juvenile Justice Equity Steering Committee](#) as King County and its communities work together toward solutions.

HEADLINE INDICATORS TO GUIDE THE WORK

Headline indicators are aspirational measures that help quantify BSK's three overarching results:

- **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
- **King County is a place where everyone has equitable opportunities to progress through childhood safe and healthy, building academic and life skills to be thriving members of their communities.**
- **Communities offer safe, welcoming and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.**

Headline indicators will be used to align partners and BSK investment strategies to maximize the potential for achieving BSK results.

Potential indicators were drawn from the following documents, community input opportunities and existing indicators for other relevant projects:

- Best Starts for Kids: ordinance, April 2015 BSK Report to King County Council, community conversation themes
- King County Youth Action Plan
- Community Center for Education Results /Roadmap Indicators
- Washington State Essentials for Childhood
- Youth Development Executives of King County
- U.S. Health Resources and Services Administration (HRSA)/Maternal Child Health Bureau's National Outcome Measures

BSK strategy workgroups and the Children and Youth Advisory Board were consulted in the development and selection of headline indicators.

The list of measures was honed to a set of headline indicators based on:

- **Whether or not the measure is a population-level measure.** Is it about a population (for example children in King County) or only about individuals directly served by programs?
- **The availability of reliable data.** Is high quality data available on a timely basis? Reliable by geography? By race/ethnicity? By socioeconomic status?
- **How easily the indicator can be understood and effectively communicated.** Is this measure easy to understand? Is it compelling? Do people care about this measure?

The charts below list the headline indicators for each of the three BSK results:

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none"> Babies with healthy birth outcomes as measured by infant mortality and pre-term birth rates
<ul style="list-style-type: none"> Households receiving investigations for reported child abuse or neglect
<ul style="list-style-type: none"> Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
<ul style="list-style-type: none"> Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy, and mathematics

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)
<ul style="list-style-type: none"> 3rd graders who are meeting reading standards
<ul style="list-style-type: none"> 4th graders who are meeting math standards
<ul style="list-style-type: none"> Youth who are using illegal substances
<ul style="list-style-type: none"> Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
<ul style="list-style-type: none"> Youth and young adults who are in excellent or very good health
<ul style="list-style-type: none"> Youth who graduate from high school on time
<ul style="list-style-type: none"> Youth and young adults who are either in school or working
<ul style="list-style-type: none"> High school graduates who earn a college degree or career credential

HEADLINE INDICATORS – Communities of Opportunity
<ul style="list-style-type: none"> Households earning a living wage, above 200 percent of poverty
<ul style="list-style-type: none"> Youth and young adults who are either in school or working
<ul style="list-style-type: none"> Youth who have an adult to turn to for help
<ul style="list-style-type: none"> Adults engaged in civic activities
<ul style="list-style-type: none"> Renters paying less than 50 percent of their income for housing
<ul style="list-style-type: none"> Involuntary displacement of local residents
<ul style="list-style-type: none"> Life expectancy
<ul style="list-style-type: none"> Physical activity levels among youth and adults

Headline indicators will be reported annually. Data will be shown over time and disaggregated as appropriate (for example, by age, race, ethnicity, place, and socioeconomic status). Disaggregation is critical in assuring partners are aligned and investments are prioritized to maximize the potential for eliminating inequities.

In addition to these headline indicators, there are additional secondary indicators that the data team will consider tracking, which include relevant indicators for which there is reliable data. The data team also specified indicators for data development, defined as relevant and compelling indicators for which data is currently unavailable, but important to invest in. *Flourishing and resilient* indicators are examples of indicators that need to be developed. The County will invest in getting those data via the new BSK Health Survey. Section VIII of this implementation plan discusses BSK's Evaluation and Performance Measurement Framework.

A full explanation of the technical definitions for the headline indicators, and a list of example secondary, supporting indicators are included in Appendix 1.

Section III

BSK IMPLEMENTATION – GROUNDED IN SCIENCE AND RESEARCH

This section of the implementation plan addresses:

- The Importance of Early Childhood
- Adolescent Brain Development
- The Impact of Adverse Childhood Experiences (ACEs), Trauma and Toxic Stress
- Building Resilience and Strengthening Protective Factors

From the beginning, King County has looked to science and research to inform *Best Starts for Kids*. BSK approaches of promotion, prevention, and early intervention are rooted in multiple studies of many programs, over many years, as well as long-standing, and emerging, research on human development. BSK maximizes the science and research base to inform strategies across all of our investments.

Included here are research references linking to underpinnings of the BSK implementation plan. The research cited is foundational to the implementation strategies we will pursue for Prenatal – 5 Years, and 5 – 24 Years. With the assistance of BSK’s Science and Research panel, experts in the field, and community partners, we are committed to continuing the strong footing in research for all BSK investments in the coming years.

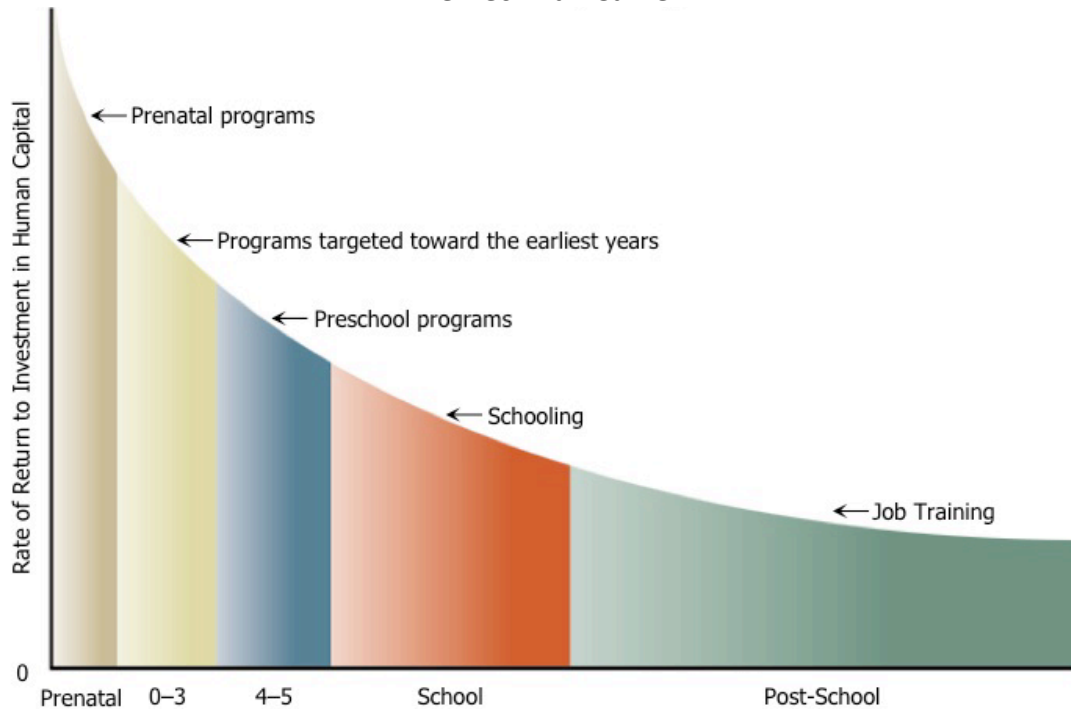
THE IMPORTANCE OF EARLY CHILDHOOD

Cumulative research over many decades has generated this high level conclusion: Investing early to support children’s health, learning and social/emotional well-being has profound impact on life outcomes.

The research of Dr. James Heckman, Nobel Laureate in Economics from the University of Chicago, is perhaps the most widely disseminated and understood. Dr. Heckman maintains that the base of skills necessary to be ready to learn in school and be successful as an adult—such as self-esteem, motivation, coordination, prioritization, management of incoming information, attention and distraction control are developed by age five, before children enter elementary school⁹.

Dr. Heckman’s research is particularly relevant for public systems – such as King County – in prioritizing the use of public funds. Dr. Heckman makes the case for prioritizing investments in the earliest years, due to the much greater return on those investments, as illustrated by his well-known graphic below, known as the *Heckman Curve*:

The Heckman Curve



Source: Heckman (2008)

Dr. Heckman's research also speaks profoundly to the importance of families and parents as the "major producers of skills for young children." He stresses that "Society and the programs launched by today's initiatives should recognize that good parenting is paramount to life success. Without doubt, the family is the greatest contributor to the success of children and to upward social and economic mobility."¹⁰

Many other researchers have contributed to the knowledge base on the importance of quality experiences and quality interactions in the early years, to assure the best possible start for every child. The work of the late Dr. Kathryn Barnard, founder of the Barnard Center for Infant Mental Health and Development and a former professor and researcher in the University of Washington's School of Nursing, showed the importance of an early relationship with a caring adult on the social and emotional development of an infant; every baby needs an adult who can assess his/her needs and respond appropriately.

The effects of early childhood experiences – notably exposure to language – are critical, and those effects accumulate from infancy and toddlerhood, through early childhood, elementary school, and adolescence. Vocabulary at age three predicts third grade reading level, which in turn predicts high school graduation.^{11, 12}

While most newborns have relatively similar cognitive structures, they are not all born into the same environments. Living in stressful environments, including poverty, has a greater impact on infants and toddlers than middle-aged children or those later in life. The effects of these stressors compound throughout childhood resulting in potentially permanent cognitive, career and personal consequences. Conversely, positive early experiences strengthen brain architecture.¹³

Other key research that has informed BSK originated at the Institute for Learning and Brain Sciences (I-LABS), at the University of Washington. I-LABS research has informed our understanding of early

childhood brain development, through the work of Dr. Patricia Kuhl, Dr. Andy Meltzoff, and other scientists at I-LABS who have demonstrated through multiple studies how the brain grows through the baby's touch, talk, sight and sound. In fact, the first 2000 days of life is when brain development is most substantial.

BSK, through its investments in Prenatal – 5 years, will help counter the impacts of stressors – such as poverty – in early childhood by supporting children's health and wellness, strengthening parent-child bonds through home visiting, and supporting the fabric of communities across our County, often the most viable and relevant resources for children, youth and families.

ADOLESCENT BRAIN DEVELOPMENT

According to the National Institute of Mental Health, the parts of the brain responsible for controlling impulses and planning ahead, which are the hallmarks of successful adult behavior, mature during adolescence. Adolescence is also the critical period when young people learn to form safe and healthy relationships and when many patterns of health-promoting or potentially health-damaging behaviors are established.

Brain science for adolescents and young adults is still emerging and is not yet at the level of early brain research. Our growing understanding is captured in I-LABS' statement about this evolving field: "During adolescence the brain quite literally prunes and sculpts its neural architecture and yet we know almost nothing about how this sculpting process works or about the role of experience and nurturing in optimizing outcomes. I-LABS' studies of learning and the brain have the potential to illuminate some of the changes they undergo during this period."¹⁴

Although the research is nascent, key dynamics of the adolescent brain are becoming increasingly better understood: "Adolescents are particularly vulnerable to stress, have a particular sensitivity to emotional stimuli, and have limited tools to deal with emotions as systems that regulate are still maturing. Many of the behaviors of adolescence (risk taking, impulsivity, peer focus, mental health and substance use vulnerability) are a reflection of the major neurological remodeling happening in their brains. ...Risk taking peaks during adolescence because activation of an early-maturing socioemotional-incentive processing system amplifies adolescents' affinity for exciting, pleasurable, and novel activities at a time when a still immature [cognitive](#) control system is not yet strong enough to consistently restrain potentially hazardous impulses."¹⁵

THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES (ACEs), TRAUMA AND TOXIC STRESS

The adverse effects of poverty, malnutrition and discrimination are multigenerational. Mothers who themselves were premature or low birthweight infants are at far higher risk of adverse birth outcomes for their own children. Also, a woman's diet in early life has more impact on her own baby's birth weight than the food she eats as an adult¹⁶. While no intervention can reverse all the effects of deprivation in a prior generation, protecting infants and young children from adverse experience during their preschool years can reap major dividends.

The science and research base is robust regarding the impact of adverse childhood experiences (ACEs) on the ability of children and youth (and adults) to learn and function. ACEs have been proven to have long-term impacts on health and well-being.¹⁷ The impact of adversity/ACEs is increasingly a focus in schools and communities as systems at all levels strive to provide supportive environments for healthy

development and learning which are responsive to the adversity and trauma that many children and youth have experienced.

A study¹⁸ of over 2000 elementary public school students in Spokane, Washington, found a statistically significant relationship between ACEs “score” and academic and health problems:

Odds Ratios for Child Development Problems Compared to No Known Lifetime ACEs				
	Academic failure	Severe attendance problems	Severe school behavior concerns	Chronic health problems
Three or more ACEs	2.9	4.9	6.1	2.5
Two ACEs	2.5	2.6	4.3	1.6
One ACE	1.5	2.2	2.4	1.8

Dr. Jack Shonkoff¹⁹ provides this explanation of the impact of adversity, stress and trauma on children and youth: “Learning how to cope with adversity is an important part of healthy child development. When we are threatened, our bodies prepare us to respond by increasing our heart rate, blood pressure, and stress hormones, such as cortisol. When a young child’s stress response systems are activated within an [environment of supportive relationships](#) with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems. However, if the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened systems and [brain architecture](#), with lifelong repercussions.”

When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse and depression. Research also indicates that [supportive, responsive relationships](#) with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.²⁰

BUILDING RESILIENCE AND STRENGTHENING PROTECTIVE FACTORS

In response to the realities of adversity and trauma across communities, *Best Starts for Kids* will support the delivery of programs and services that help build resilience among children, youth, families and communities, and that emphasize the protective factors that have power to change trajectories for learning, development and long-term life outcomes. Our focus is on promoting and building resilience and protective factors, and preventing or intervening early, to assure that the children of King County face destinies of opportunity and promise, equipped with the skills, relationships and community supports they need to thrive.

Protective factors are those strengths and supports that help youth and families get through negative exposure or life experiences without negative consequences. Research studies support the common-sense notion that when protective factors are well-established in a family, the likelihood of child abuse

and neglect diminishes. The Center for the Study of Social Policy has articulated five key protective factors; these factors are foundational to the Strengthening Families Approach:

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children

These protective factors are also promotive factors that build family strengths and a family environment that promotes optimal child and youth development.²¹

Resilience is the result of a combination of protective factors.²² The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. They also build key capacities—such as the ability to plan, monitor, and regulate behavior—that enable children to respond adaptively to adversity and thrive. This combination of [supportive relationships](#), adaptive skill-building, and positive experiences is the foundation of resilience.²³

Research has identified a common set of factors that predispose children to positive outcomes in the face of significant adversity. Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when these positive influences are operating effectively, they “stack the scale” with positive weight and optimize resilience across multiple contexts. These counterbalancing factors include:

- Facilitating supportive adult-child relationships
- Building a sense of self-efficacy and perceived control
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities
- Mobilizing sources of faith, hope, and cultural traditions²⁴

The capabilities that underlie resilience can be strengthened at any age. The brain and other biological systems are most adaptable early in life. Yet while their development lays the foundation for a wide range of resilient behaviors, it is never too late to build resilience. Age-appropriate, health-promoting activities can significantly improve the odds that an individual will recover from stress-inducing experiences. For example, regular physical exercise, stress-reduction practices, and programs that actively build executive function and self-regulation skills can improve the abilities of children and adults to cope with, adapt to, and even prevent adversity in their lives.²⁵

Best Starts for Kids will use this science and research, and the key concepts of what builds resilience, the impact of trauma and toxic stress, and the importance of moving to trauma-informed approaches, in the performance measures which we will be putting in place.

Section IV

BSK IMPLEMENTATION - LED BY COMMUNITY PRIORITIES AND DELIVERED THROUGH PARTNERSHIPS

This section of the implementation plan addresses:

- Consultation with King County Residents and Community Partners
- What We've Learned from Communities – Themes Driving the Implementation Plan
- Partnering with Communities on Procurement

CONSULTATION WITH KING COUNTY RESIDENTS AND COMMUNITY PARTNERS

In order to develop responsive and relevant investment strategies for *Best Starts for Kids*, King County has turned to residents and community partners across our region for input and guidance. Between July and December 2015, the County and our community partners convened six large community gatherings, and multiple community conversations across the County, focus groups and interviews – allowing King County to hear from and engage with over 1,000 community residents. Our goal was to provoke discussion and solicit advice specific to investments in children and youth, shaped around these questions²⁶:

- What programs and services are working well in your community?
- Which are not?
- Where are the gaps in programs and services?
- What have you heard of in other parts of the country that you would like to see in King County?

At larger community gatherings we used the Community Café model. In discussions with smaller groups we engaged through focus groups and interviews. In addition to direct feedback through this outreach, we also integrated input provided by community members through the Youth Action Plan youth survey and Youth Action Plan focus groups.

In April and May 2016, we returned to the community for additional assistance, requesting that community members review and respond to BSK's developing priorities, strategies and implementation approaches. These conversations provided critical input for the County to assure that we were hearing clearly from communities and partners on their needs and priorities, and that the developing plan reflected County residents' needs and expectations. Specific questions for the spring conversations included:

- Are we on the right track based on what is important to you and your community?
- Are there any critical gaps that have been overlooked?

We plan to continue our deep engagement with community as our work continues. A list of community conversations, dates and locations is included in Appendix 6.

WHAT WE’VE LEARNED FROM COMMUNITIES – THEMES DRIVING THE IMPLEMENTATION PLAN

From the levy’s inception, King County has committed to listening to, and learning from, communities across our region to inform the focus and implementation of *Best Starts for Kids*. The themes summarized below have resulted from BSK’s many community conversations and the input we’ve received through other opportunities to interact with community members. This feedback has helped guide the development of this implementation plan.

COMMUNITY FEEDBACK – *Overarching Themes from Across the County*

- Equity and social justice are critical in the work. This means addressing disparities as well as supporting culturally responsive programs.
- There is a need both for programs based in science and in community-based practices.
- There is a need to eliminate funding barriers to ensure the work can happen within communities.
- BSK must build off existing strong programs, which are based in communities.

COMMUNITY FEEDBACK – *Themes Specific to Geographies*

- A prevention initiative such as BSK provides the opportunity to expand the definition of “need” to include communities with rapidly increasing **rates** in the challenges facing children and families, not just high numbers.
- Some regions are straining to meet increasing needs with an increasingly diverse population.
- Accessibility includes not just number/presence of services but distances needed to travel to get to services.

COMMUNITY FEEDBACK – *Themes Specific to Prenatal to 5 Years Strategies*

- Community-based and peer supports are an essential way of partnering within communities.
- Home-based services are highly desired. They serve families who are isolated, and different models meet the needs of different communities.
- Infant/early childhood mental health is vital. This means supporting social and emotional well-being of babies and parents, as well as empowering providers.
- Communities across King County need different types of supports. Opportunities for choice are important.
- Supporting new parents with opportunities to connect to community resources is important.
- Connections and referrals across systems are critical.
- Core services provided through Public Health – Seattle & King County are important to expectant and new parents.

COMMUNITY FEEDBACK – *Themes Specific to 5 - 24 Strategies*

- Community-based and/or peer workers are an essential way of partnering within communities.
- Youth empowerment and opportunities for including youth voice are essential to creating strong programs.
- Mentorship opportunities and peer-to-peer connections are important.
- Strong work is happening within communities; BSK must build off these opportunities.

PARTNERING WITH COMMUNITIES ON PROCUREMENT

Best Starts for Kids is rooted in a vision for children, youth, families and communities that has yet to be realized in King County. As we go forward with partnering and procurement to actualize BSK's strategies and achieve its results, we will do so with an unwavering commitment to equity and social justice. We know that BSK has the potential to alter the course not only for the programs and services supported through BSK funds, but also for the spirit and action behind our partnerships with communities. Our approach will commit to assuring that BSK funds are impactful and effective in dispelling the disproportionality of access and the disparity of opportunity that continue to plague our region.

The BSK ordinance clearly mandated King County's method for investing levy funds:

"The majority of levy proceeds from the voter-approved best starts for kids levy is intended to go to community partners to provide services in the community. As the levy is being implemented, the county's goal is to ensure that diverse communities and small organizations, including those that are using emerging and innovative approaches to provide services, are able to access moneys in order to provide culturally-appropriate services in King County. The county intends to collaborate with these organizations and help evaluate innovative new programs or services so that promising practices become proven practices. Services for children and youth will improve as agencies and organizations working with children and youth have opportunities for training, building organizational and system capacity and sufficient resources to administer programs and services."

Ordinance 18088, July 22, 2015

Between now and the end of 2016, the County will work with the Children and Youth Advisory Board and other community stakeholders to continue to develop an overall approach to procurement and contracting and to develop strategy-specific RFPs. Part of this work will include developing a sequence for implementation that will allow us time to develop the partnerships and leverage required for significant impact. The County is committed to developing a process that is accessible to community organizations, and less burdensome than can be typical in public sector procurement.

Another aspect of planning will be identifying how BSK will support both universal and focused strategies. We know there are needs that are universal across all communities and geographies, and ultimately the results we hope to achieve for King County's children, youth and families benefit us all. As we look to partner on strategies and programs, some will be universally available, and many will be

focused within specific communities, as a means to reduce the disproportionality that currently exists in our County.

The work of building a strong process for procurement and sequencing of implementation that meets the needs of communities will occur concurrently with King County Council's deliberations and final approval on this BSK implementation plan. We expect to have completed the first round of RFP processes and to make initial investments in early 2017.

We will work with other key partners to ensure alignment on our efforts, and to leverage funds wherever possible.

The values below, which were informed by the CYAB, will apply across all investments:

- Programs and services will be provided primarily by community-based organizations, which serve one, or many, of the unique communities across King County. This will help assure that BSK's investments in promotion, prevention and early intervention programs and services are available to cultural and ethnic groups.
- We will make decisions that challenge the status quo of current processes, and that push equity as a driver.
- We will intentionally support connections across systems, and build upon the considerable assets we currently have within King County, across mainstream systems and community-based approaches.
- We will assure that opportunities are available across the diversity of geographies in our County.
- We will make decisions carefully, thinking through unintended consequences and ensuring that decisions do not widen disparities.
- We will systematically use equity tools to support sound decision-making.
- We will reduce barriers, and assure that the procurement process is accessible to all.
- We will invest sufficiently to ensure that contractors are able to pay livable wages.
- Our outreach and processes will be inclusive, and will prioritize those who have been left out or underserved.

To assure an effective and collaborative approach to procurement and contracting, BSK will apply the principles of implementation science. Implementation Science is defined by the [National Implementation Research Network](#) (NIRN) as "The study of factors that influence the full and effective use of innovations in practice. The goal is not to answer factual questions about what is, but rather to determine what is required."

The field of implementation science supports the notion that certain elements must be present in order to achieve strong outcomes. Implementation requires intentionality, support and the ability to be reflective in order to make changes that meet the need of individual communities. In BSK, King County will apply the principles and frameworks of implementation science systemically to ensure strong outcomes in communities as a result of BSK investments. Additional information on implementation science is included in Appendix 7.

Section V

PRENATAL – 5 YEARS, APPROACHES AND INVESTMENTS

This section of the implementation plan addresses:

- Overview of Prenatal to 5 Years Result, Strategies and Indicators
- Investments and Approaches for Prenatal – 5 Years
- The BSK *Help Me Grow* Framework for King County
- Programs and Services for Prenatal – 5 Years

OVERVIEW OF PRENATAL TO 5 YEARS RESULT, STRATEGIES, AND INDICATORS

In approving *Best Starts for Kids*, King County voters demonstrated their commitment to investing public funds toward programs and services that will assure strong and healthy starts for all of King County’s children. This section of the implementation plan covers the first of the three BSK results, as defined in the BSK levy ordinance:

Babies are born healthy and establish a strong foundation for lifelong health and well-being.

Four overarching **strategies** define the Prenatal – 5 Years work:

BSK STRATEGY AREAS – Invest Early (Prenatal – 5 Years)

Support parents, families and caregivers

Screen children to prevent potential problems, intervene early, and effectively link to treatment

Cultivate caregiver knowledge

Support high quality childcare (in home and in centers, licensed and unlicensed)

The strategy areas will contribute to improvement of these population level **headline indicators**:

- Babies with healthy birth outcomes as measured by infant mortality and pre-term births
- Households receiving investigations for reported child abuse or neglect
- Children who are flourishing and resilient related to levels of curiosity, resilience, attachment and contentedness
- Children who are kindergarten ready across the domains of social/emotional, physical, language, cognitive, literacy and mathematics

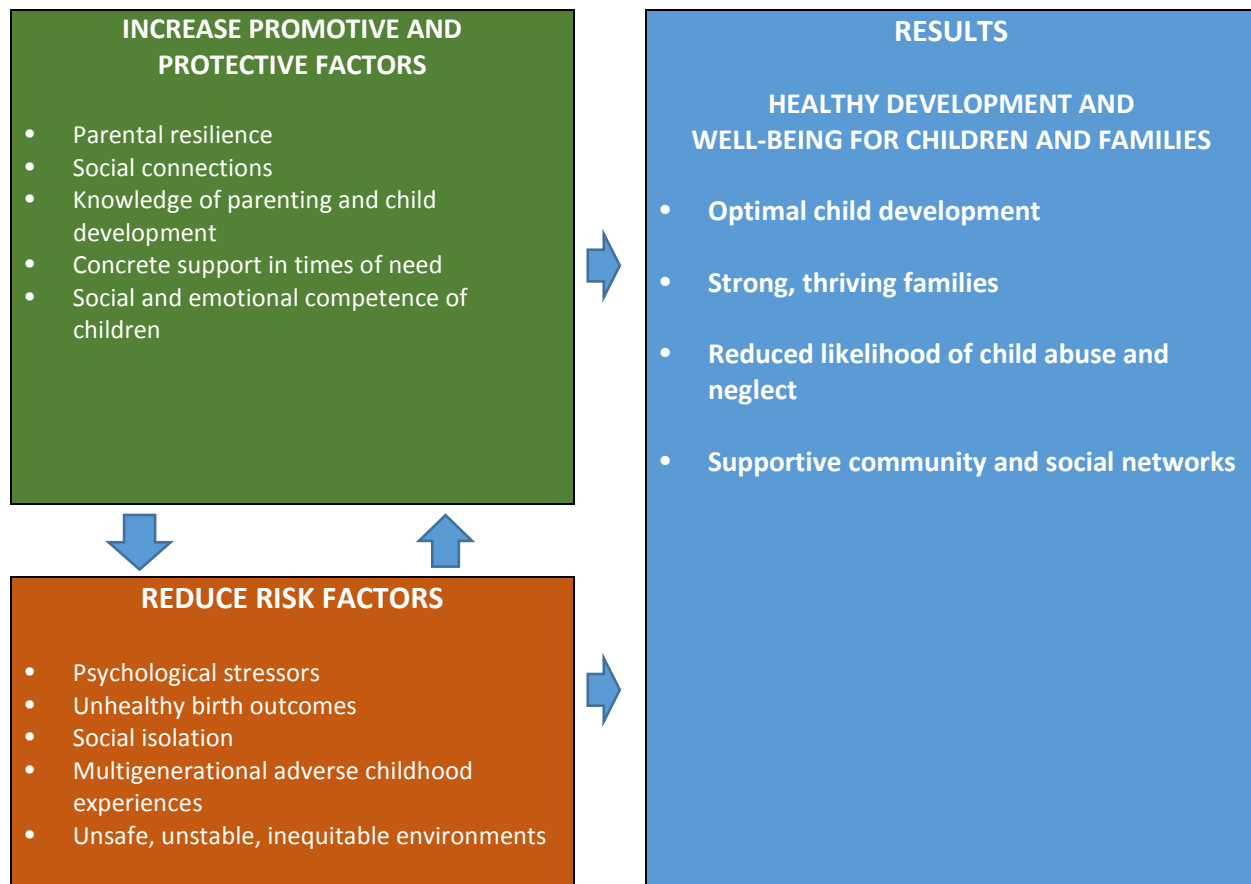
INVESTMENTS AND APPROACHES FOR PRENATAL – 5 YEARS

The investments and approaches discussed below will assure that *Best Starts for Kids* – through partnerships with community-based organizations – will be successful in achieving our stated results for children and youth. As we learn from initial investments, and build both our qualitative and quantitative understanding of the impact of BSK across King County communities, we expect that investments and approaches will be refined. Any refinements over time will be made in consultation with community-based partners, and with the guidance of the Children and Youth Advisory Board (CYAB). Across all of our programmatic investments, in Prenatal – 5 Years, and also in 5 – 24 Years, our focus will include innovative programs, offered in partnership with communities, which are capable of promoting health and well-being outcomes for all of our children.

These guiding principles, which have been shaped through our community conversations and the CYAB, will be at the center of our work:

- Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus investments.
- We will encourage innovative programs, built on the experiences of community partners and the needs and priorities of community residents.
- Investments in early childhood pose opportunities for multi-generational approaches, to capitalize on strengths within families and communities.
- We will build upon resilience and protective factors in children, youth and families across our County.
- We will emphasize promotion of positive development, relationships and community in addition to preventing negative outcomes and providing *early* interventions.
- Children and families will be connected with the resources and services they need.

We are approaching *Best Starts for Kids* with a commitment to promotion, prevention and early intervention. To do that work effectively, we will use BSK funds to emphasize the importance of increasing promotive and protective factors within families and communities, and reducing risk factors, to increase the likelihood of achieving the outcomes we seek. The graphic below (adapted from the Center for the Study of Social Policy – YOUTH THRIVE) illustrates how we are conceptualizing the work, through a protective factors frame.



THE BSK HELP ME GROW FRAMEWORK FOR KING COUNTY

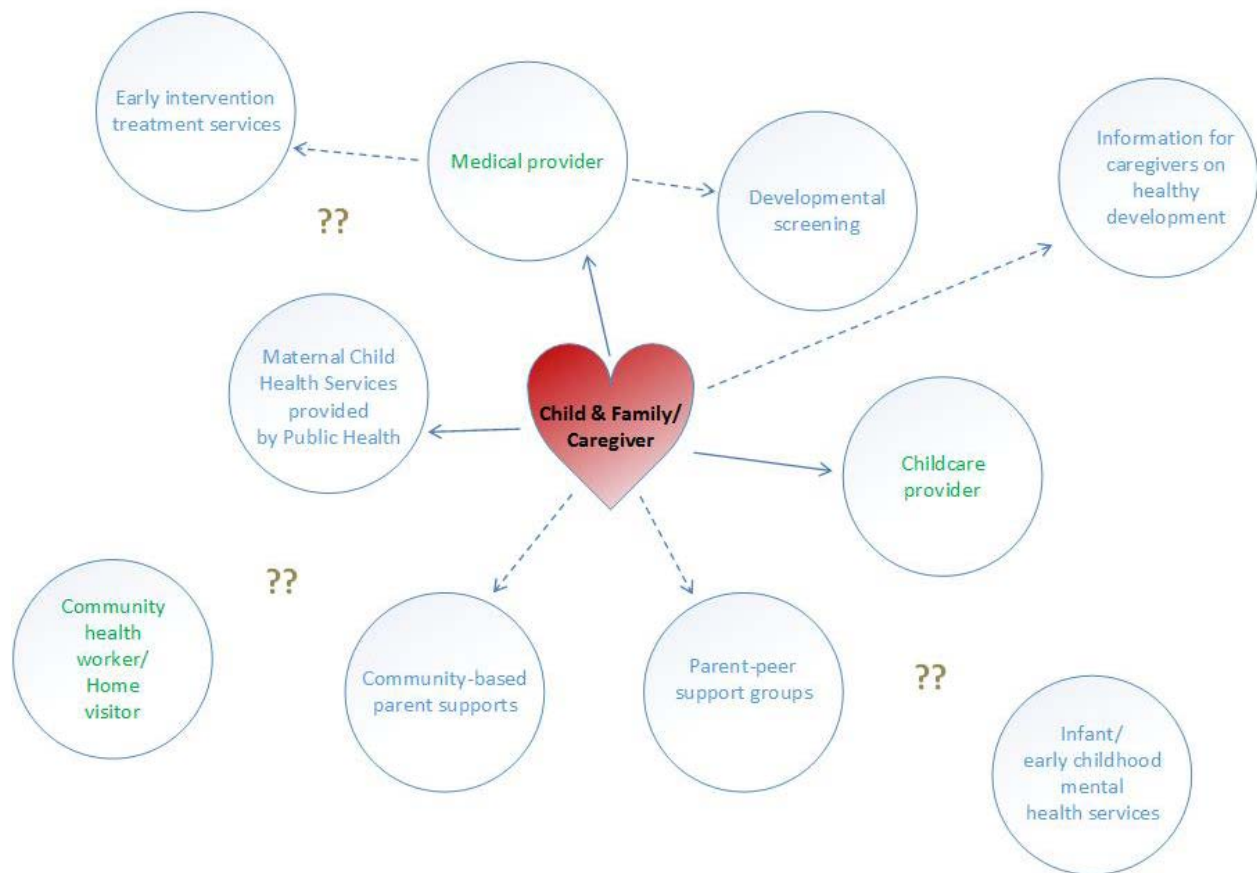
One of the fundamental messages we have received from communities regarding services for Prenatal – 5 Years is the importance of getting families the information they need, and coordinating all available services, so the right service is obtained at the right time, in the right way.

As part of *Best Starts for Kids*, King County will build the BSK Help Me Grow framework across the County. The BSK Help Me Grow framework will be informed by the national Help Me Grow²⁷ model that aligns systems, including child health care, early care and education, and family support. Help Me Grow is an evidence-based, family-centered framework for prevention and early intervention efforts. In Washington, Help Me Grow is being implemented by Washington State’s Essentials for Childhood initiative, and as part of Washington’s efforts to increase developmental screenings, as outlined in the state’s Early Learning Plan.

The difference between the current work in Washington State, and what we will develop in King County, is that the BSK Help Me Grow framework will provide a new system of teamwork to support families and children by building on the strengths of communities, through multi-directional communication, and strong community and system linkages. The BSK Help Me Grow framework will assure that all of the programs and services in which we invest BSK funds are interconnected. This will make it more efficient and effective for medical providers, home visitors, child care providers and community-based programs to respond to the needs of children and families in communities all across King County.

Currently, families are often unsure of the resources available in their communities, or how to access them. Providers who work with the child and family—whether it be medical providers or childcare providers—may also be unsure of where to send a family when they know they have a need, and they may also be unaware what services a family has received. Although there are exemplary services being provided across the County – by Public Health and in community-based organizations – there is not enough connection and coordination among the providers, services and organizations working with children and families. There is also a lack of local, culturally-relevant services to meet the needs of all children and families in our region.

From the perspective of a family, we would illustrate the current system this way: services are available, but the best way to access them may be unclear, or may not be possible without assistance from someone knowledgeable about the services, and connected within a community. In addition, service providers may lack the time and resources to connect, and be unable to reach all families.

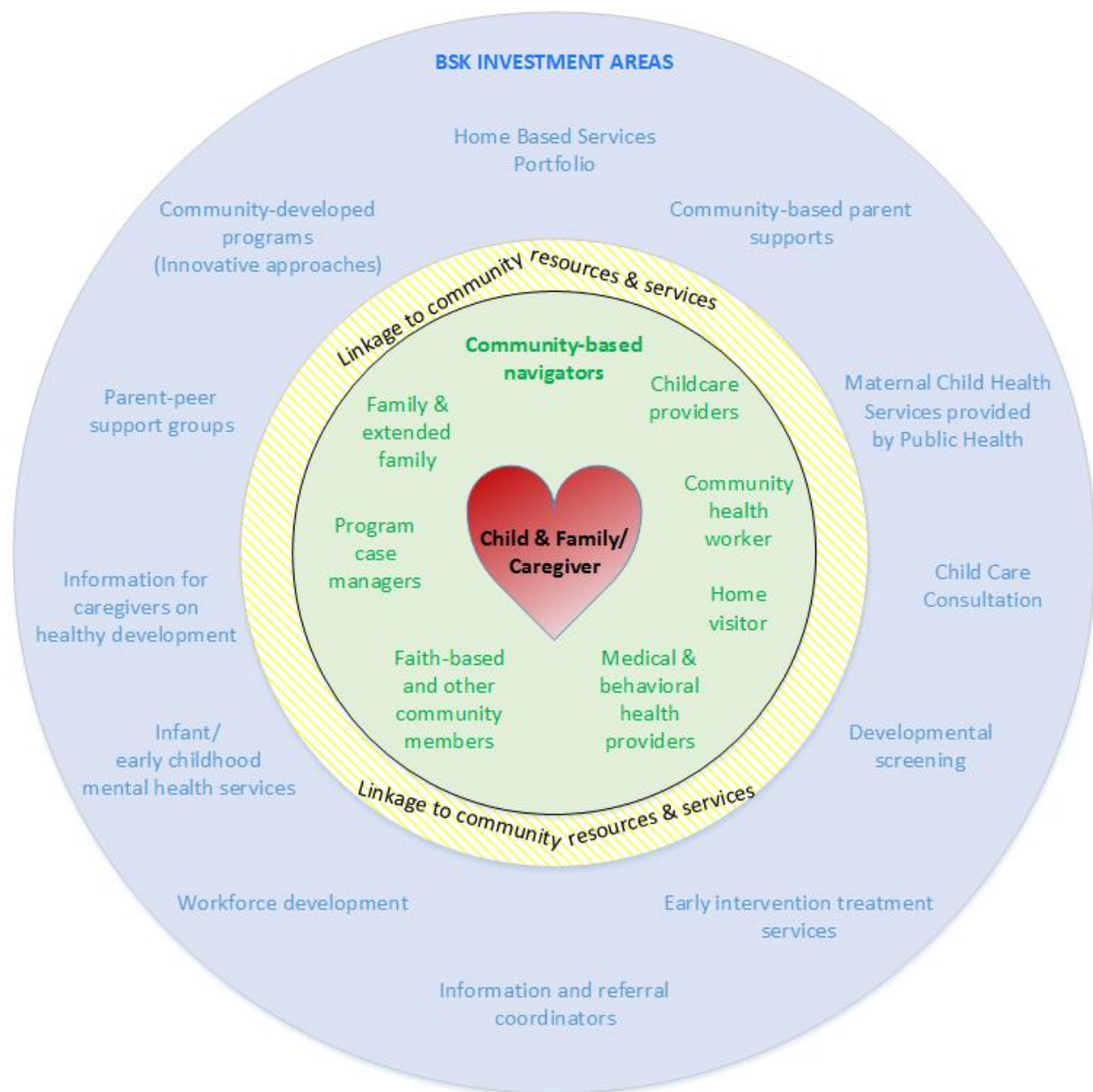


The power of implementing the BSK Help Me Grow framework for Prenatal – 5 Years rests in the potential for deepening and broadening multi-directional communication and strong community and system linkages, and increasing access, for all King County children and families. Formalizing BSK Help Me Grow as the organizing framework for Prenatal – 5 Years will position BSK investments for maximum impact, and assure efficiencies and effectiveness in the use of public funds.

The BSK Help Me Grow framework comprises five interconnected components²⁸:

- **Healthy Children.** A strong network of agencies and community organizations that provide early childhood services to assure that children begin school healthy and ready to learn.
- **Strong Families and Caregivers.** A variety of supports for families that enhance resilience and well-being, such as connecting families to resources that support parents' knowledge, and providing opportunities for peer mentoring or access to community health workers.
- **Strong Early Childhood Professionals.** Outreach and engagement with early learning providers to build knowledge of infant mental health, reflective practices, early brain development, and key health messages to ensure that providers have information to support families.
- **Strong Referral Network.** Responsive services and care coordination that assure universal screenings for early identification of developmental delays and a strong connection to the health care system, through an interconnected referral network for all families.
- **Advocacy and Communication.** Promotion, communication and strong advocacy to drive policy decisions that support access and support for services that impact the health and well-being of children during their most critical years of development.

The graphic below illustrates what we expect will be the future state for children and families as we work toward improving access and system efficiencies through BSK's Help Me Grow framework. Children and families are at the center, surrounded by immediate providers, and able to connect with additional resources and services. From the surrounding circle looking in toward the child and family, there are strong community and system linkages and multi-directional communication to assure that families experience a cohesive safety net of supports.



The BSK Help Me Grow framework will assure that families and children are the center of a cohesive and well-coordinated system through a network of Navigators, who will be based in community organizations. Navigators will work one-on-one with children and families to help connect them with resources and services. Should families need more than just website information or a phone call, Navigators can provide them with a warm hand-off to the services they need. Navigators will be community health workers or trusted community messengers. The Navigators will also work closely with the providers who interact everyday with children and their families – including medical and behavioral health providers, childcare providers, community health workers or home visitors, and child welfare – to ensure there is sharing of information and coordination around children’s and families’ needs.

One of the unique opportunities posed by BSK is to partner deeply with diverse communities across the County which have knowledge, trust and history with children, youth and families. The purpose behind the BSK Help Me Grow framework is to weave together services within and across communities, assuring that there is ***no wrong door*** for families needing referrals and access. The process of building out the BSK *Help Me Grow* framework will take time, and will be an inclusive process with our community partners.

Over the coming months, King County will work with community-based partners, medical providers and state-level Help Me Grow colleagues to further conceptualize the BSK Help Me Grow framework and collectively tackle initial steps toward full implementation. At a high level, we expect to achieve the following in the first few years:

Initial Implementation of BSK Help Me Grow Framework	
Year one	<ul style="list-style-type: none"> • Work with community partners to deeply understand current barriers limiting access to services and resources • Coordinate with Washington State’s Help Me Grow initiative to build upon their learning as we broaden the BSK Help Me Grow framework to serve large urban areas, and rural geographies, effectively • Begin process to identify and fund Navigators, to assure connections across King County and learn from their work how to improve the current system to enable families’ access to services and resources • Determine the best approaches for strengthening community connections and sharing information and updates across organizations, assuring that the services and resources within the BSK Help Me Grow framework are well aligned • Work with King County Information Technology (KCIT) and community partners to determine how best to interlink resources through a web connection and call center coordination • Consider the development of a registry that contains information on the programs and services available to children and families in King County. A registry could be linked to existing resource centers, such as ParentHelp123, 211, and Child Care Resources
Year two	<ul style="list-style-type: none"> • Engage community partners – including medical providers – to learn from one another after year one, and develop shared understanding on how to strengthen multi-directional communication and maximize referrals • Take lessons learned from year one to inform a competitive RFP for a lead organization responsible for interconnections and management of database resources
Year three	<ul style="list-style-type: none"> • Implement an evaluation to understand how well the new framework is working for providers and families/caregivers

Currently the primary focus of the BSK Help Me Grow framework is on Prenatal – 5 Years, and developing a strong system of multi-directional communication and access to services that assures no

wrong door for families. We know that developing this well will take time. As we focus in the first few years on building and strengthening the framework for early childhood, we will concurrently be considering the best way to extend reach into programs and services for older children, youth and young adults. Just as with young children, parents, caregivers and youth/young adults themselves need help in knowing how to find the right resources among the many that exist throughout King County. Outreach and resources need to be available and accessible to all parents, caregivers and kids throughout the County regardless of their age, language, culture or neighborhood.

The programs and services to be funded by *Best Starts for Kids*, and which are described in detail below, will be core to the BSK Help Me Grow framework to achieve coordination and efficiency, and ease for parents/caregivers.

PROGRAMS AND SERVICES FOR PRENATAL – 5 YEARS

The following section provides more detail on Prenatal – 5 Years programs and services which will be funded through *Best Starts for Kids*, and a **rationale** and **approach** for each. These programs and services will be primarily provided by community-based organizations. Over the next few years, King County will work with all the partners providing these services to assure that they are interconnected within the BSK Help Me Grow framework.

2016: \$350,000

2017-2021 average:
\$1,560,000

Innovation Fund, for programs driven by community interest/need

Rationale for investment. King County is committed to maximizing the opportunity presented through *Best Starts for Kids* to support innovative programs across the region. These may be programs that lack a robust research base, but which are based in science, that address the needs and priorities within communities, and which those communities believe will be effective in meeting BSK results. Communities know their needs, and what works well. However, communities wishing to provide innovative and community-driven programs for young children and their families can be constrained from accessing resources, due to narrowly-defined funding parameters.

Proposed approach. Over the next few months, as part of our next steps in planning procurement, we will work with the CYAB and other community stakeholders to develop a protocol for dissemination of these more flexible funds. We will conduct outreach, with the assistance of community partners, to engage programs that have not been previously funded, and to encourage their innovations. Communities will articulate how they will achieve the outcomes they intend, and King County will use this opportunity to support additional innovative programs, and to learn more about what works in communities across our region.

2016: \$497,000

2017-2021 average:
\$9,230,000

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

Rationale for the investment. Education, health and life outcomes are greatly influenced by the interaction between parents and their children. Parental engagement, stimulating interaction and attachment are essential for skill development and critical determinants of later-life success²⁹. Home visiting programs work to foster positive parent-child interactions that last throughout life. Home visiting is a proven strategy that improves health and well-being outcomes for babies and their caregivers. Home visitors deliver services in families' homes, providing information related to maximizing children's healthy development, building the parent-child bond, promoting safe and healthy environments and establishing the foundation for lifelong cognitive, physical and social/emotional development, which begins before birth.

Proposed approach. Aligning and leveraging systems will be important as King County becomes a key player supporting the growth of a robust system of home visiting within King County. Over time as we build the BSK Help Me Grow framework, we will be able to systematically connect families with the services they need. In so doing, we will also assure that medical providers have the information they need so they can refer families to home visiting services.

The Washington State Department of Early Learning (DEL) and Thrive Washington currently partner to manage Washington State's Home Visiting Services Account which funds over 2,000 families for home visiting statewide. Together, they fund home visiting programs, provide support to ensure quality through technical assistance, and oversee the statewide system. King County will partner with both DEL and Thrive. We will also expand our partnership with United Way of King County, to leverage funding and support expansion specifically for the Parent-Child Home Program (PCHP) home visiting model.

The best home visiting models for families and communities are the ones that meet their needs, and which they choose. Each of the models proposed for BSK funding has a strong evidence base, demonstrates outcomes for children and families, and will meet the specific needs of individual communities. Home visiting is inherently a strengths-based approach, which builds upon assets of parents and families to promote healthy starts for children across all communities, inclusive of immigrant and refugee families, LGBTQ families, single-parent families, and families with disabilities.

King County's ultimate goal is to create a continuum of home-visiting services across age groups, geography, diversity of communities, and levels of intensity, so that we can meet the range of needs in the County. In the long-term, we would like to see King County move toward universal home visiting, as is offered in some other municipalities across the country.³⁰ In a universal home visiting approach, home visiting is available to all families, and for most is of short duration – just a few home visits. This would require considerable research and discussion.

Longer-term, and more intensive home visiting, such as those programs describe below will be available for families identified through medical providers, Public Health, and community-based organizations. As the BSK Help Me Grow framework is built out, it will allow families to be connected to just the right level of home visiting services. Implementation of home visiting and home-based services will be a mix of some County-provided Nurse Family Partnership (NFP) services, and funding for community-based

organizations to expand home visiting that will be bid through a competitive procurement process. Funding will be flexible across multiple home visiting programs to respond to varied needs across communities. BSK will fund a portfolio of both evidence-based and community-based models, including, but not limited to:

- **Nurse Family Partnership.** Public Health – Seattle & King County currently provides 700 home visiting slots within King County using the Nurse Family Partnership home visiting model, using both state and City of Seattle funding through the Families and Education Levy. NFP serves first-time mothers who are enrolled prior to their third trimester. Using BSK funds, King County will expand NFP into communities not currently receiving NFP services, throughout King County. We will continue to partner with the City of Seattle and the statewide system to align our collective work. King County will expand by two nurses and two social workers, as well as maintain funding levels noted in 2014.
- **Parent-Child Home Program (PCHP).** PCHP is another research-based model, which provides two years of twice-weekly home visits to families with children between 16 months and four years. Matching language, and culture between families and home visitors is a hallmark of PCHP, which prioritizes families who are challenged by poverty, isolation, limited educational opportunities, language and literacy barriers, and other obstacles to healthy development and educational success. United Way of King County has been funding over 1,000 slots for the past five years, and has achieved excellent outcomes. King County will help maintain and expand these services while partnering with United Way of King County to leverage dollars to meet the demand.
- **Evidence-Based Home Visiting.** King County will also invest BSK funds to implement other evidence-based home visiting programs³¹ in communities that are not currently receiving services. There is an unmet need for home visiting among families who may not be eligible for Nurse Family Partnership or Parent-Child Home Program and still need services. Potential models may include: Parents as Teachers, Family Spirit, and Triple P.
- **Community-Based Best Practices.** In addition, King County will expand current home visiting programs, which, while not evidence-based models, are still based on research, have a strong theoretical bases in science, promote prevention and early intervention, and deliver strong outcomes for children and families. These programs are often embedded within the communities they serve and maximize the opportunity for direct cultural matches between home visitors and new parents. Such programs offer important opportunities for innovation.

Potentially these could include the Community-Based Doula model, which connects pregnant women with other women in their own communities who are specially trained to provide support during the critical months of pregnancy, at the time of birth, and into the early months of parenting.

2016: \$95,000

2017-2021 average:
\$2,360,000

Community-Based Parenting Supports, including investments such as

- Prenatal care and breastfeeding support
- Immunization education
- Oral health
- Healthy vision
- Injury prevention
- Environmental health, including asthma, lead and toxins

Parent/Peer Supports, including investments such as

- Play and Learn groups
- Community-based groups based on community interest and need

Community-Based Parent Supports

Rationale for the investment. Across King County, families have different needs and are connected within communities in a variety of ways. Providing families with key messages regarding health, safety, brain development and social/emotional well-being increases the likelihood that all children and young families have the very best start. In addition to focusing on the health and well-being of very young children, we must also focus on the health and well-being of their parents and families.

The health and well-being of parents, prenatally and in the early stages of their children's lives are critical factors contributing to healthy child development, healthy families and healthy communities. Prenatal supports to promote healthy pregnancies, such as a focus on nutrition, avoiding substance use, and managing physical and emotional health must be extended across King County to improve the rates of healthy birth outcomes in all communities, with a focus on those where healthy birth outcomes are disproportionately low. *Best Starts for Kids* provides the opportunity for strengthening community supports for expectant and new parents, and addressing critical issues that can greatly improve the likelihood of healthy births. These include assisting parents to develop strong networks of social supports, and providing information and services that encourage avoiding substance use in pregnancy and parenting.³²

In 2013, 24,910 infants were born to King County residents, of which 37 percent were Medicaid-funded. Yearly, an average of 2,290 infants were born preterm in King County, for a rate of 9.3 percent. American Indian/Alaska Native infants were 81 percent more likely to be preterm than white non-Hispanic infants, who had the lowest rates in King County. Black and Native Hawaiian/Pacific Islander infants had preterm birth rates about 50 percent higher than white non-Hispanic infants. Poor maternal and infant outcomes were common, including low birth weight, preterm birth, Cesarean delivery, lack of adequate prenatal care, maternal obesity, hypertension or diabetes, maternal depressive symptoms, lack of social support, and sleep sharing.³³

Proposed approach. In King County, only 72 percent of all mothers access early and adequate prenatal care, and the percentage is even lower for women of color. Through Navigators, the BSK Help Me Grow framework will enable systems and connections within communities to increase access to prenatal care and provide linkages to critical services, such as housing, mental health treatment and chemical dependency treatment, which will improve birth outcomes for high risk and underserved communities.

BSK funding will support mothers to access prenatal care by working with community-based professionals, who are trusted allies in building connections to the health care system. Potential linkages could include prenatal classes, birth doulas, peer breastfeeding counselors, services for maternal depression, and peer support groups. This approach includes programs and services that help women initiate and sustain breastfeeding through an infant's first year of life, and increase the proportion of infants who are breastfed exclusively through age six months.

Through BSK, new parents and families will be able to access information on key factors influencing their young children's healthy development including information on **immunizations**³⁴, **oral health**³⁵, and **healthy vision**. BSK will also support communities in prevention and interventions to address **injury prevention**³⁶, **asthma**³⁷ and concerns over the potential of **lead**³⁸ and other **toxins** in home environments.

The BSK Help Me Grow framework will facilitate and maximize these community connections through organizations that have the capacity to partner with parents. BSK partner organizations will assure that pregnant and newly parenting individuals have the information, knowledge, skills and resources they need, and are able to access effective prenatal and well-child health care and provide healthy, nurturing and safe home environments.

Parent/Peer Supports

Rationale for investment. Parent/peer supports will offer families/caregivers access to healthy and affirming communities and peers, promoting the health and well-being of all families and young children. Parent/peer supports can scaffold families and caregivers across communities – including immigrant and refugee families, LGBTQ families, families with disabilities, and families with foster children – as they seek encouragement and assistance when their children are experiencing behavioral health issues or developmental delays or disabilities.

Parent/peer supports provide community-based ways to decrease isolation, increase connection to community, and improve access to geographically-obtainable supports. In communities across King County, parent/peer support groups are building networks of resources, social supports, and community among parents and caregivers who share common bonds in caring for young children. BSK funding to expand these services has been repeatedly identified as a priority in community conversations.

Proposed approach. BSK will support communities in providing parent/peer support groups that meet community-identified needs. This approach supports parents, families and caregivers by working to decrease the incidence of challenging situations through preventive education and support, and expanding effective peer support groups for parents and caregivers. BSK intends to focus parent/peer support groups to meet the needs of unserved and underserved communities and individuals in King County, through culturally-specific, culturally-relevant, and linguistically-appropriate approaches.

BSK will build off the strengths of existing programs (such as community-based Play & Learns described below) and will provide opportunities for innovative new programming, services or supports. This will ensure continuity of support through the preschool years and the transition to kindergarten. These investments will be based on family support principles of building on the strengths, knowledge, resources, culture, and capacity of families and communities as best practices that promote the optimal development of children. BSK will support communities to embed the principles of family support to ensure:

- Prevention-based services become a key approach to building and sustaining healthy communities
- Programs strengthen their capacity to work cross-culturally in their local communities
- Programs focus on building community capacity to support all parents, especially those facing challenges in raising their young children by utilizing and developing the existing strengths of individuals, families and communities

Play and Learn (P&L) groups are one example of a potential BSK investment approach to further parent/peer supports. P&L groups provide opportunities for parents to come together with their young children to learn from a facilitator and each other about ways to support healthy development. Facilitators for P&L groups are community-members, which assures that Play and Learns are accessible to parents/caregivers across language, ethnicity and culture and which provides an opportunity for multi-generational programming in communities. P&L groups provide information, referral, and educational events and groups for parents, caregivers and their children 0-5.

In King County, families benefit from the research-based model of [Kaleidoscope Play & Learns](#). At Kaleidoscope groups, children have fun participating in activities and being around their peers, while parents, grandparents, aunts, uncles, older siblings and other family members learn about activities to maximize learning and development, the skills children need to be ready for kindergarten, and community programs and services that are available to families. In 2013 Kaleidoscope Play & Learn was designated a Promising Practice by the Evidence Based Practice Institute of the University of Washington. Play & Learns provide an excellent opportunity for exploring the activities and resources available through VROOM, discussed below.

Implementation of this strategy area will occur through competitively bid contracts for expansion of parent/peer supports. All contracts will be outcomes-based, to allow for innovative approaches of supporting parents, driven by community priorities and needs.

2016: \$0

2017-2021 average:
\$600,000

Information for Parents/Caregivers on Healthy Development, including investments such as:

- VROOM
- Other community-focused research-based brain development initiatives

Rationale for investment. Parents are their children’s first, and most important, teachers. Because experiences in early childhood lay the foundation for later success, the relationships, environments, and supports that children experience have a profound impact on their development. Critical neurological and biological systems grow most rapidly in the earliest years.³⁹ Extensive research over the last few decades has confirmed that when parents understand how their children develop and have support and encouragement in their role as parents, they are more responsive, sensitive, and skillful, and their children demonstrate better outcomes in the short and long term.

Advances in understanding of early childhood are continuing to shape the opportunities to promote optimal development for young children and support for parents/caregivers. One exciting opportunity is the development of [VROOM](#), an initiative conceived and funded by the Bezos Family Foundation to provide parent and caregivers with the information and tools they need to help build their children’s

healthy brains. VROOM was developed by a group of scientists, community leaders and trusted brands, with input from community organizations and families.

New science, made accessible through VROOM materials and a wealth of other resources, serves to engage parents more fully in maximizing the critical development period of infancy and early childhood. Children’s first years are when they develop the foundation for all future learning. Every time we connect with them, half a million neurons fire at once, as young brains take in all that they see and hear.⁴⁰

Proposed approach. Working with community partners, BSK will help communities to share VROOM materials through parent/peer support groups and other community gatherings, and explore other venues for sharing VROOM’s messages. Through tools, activities and a smartphone app, VROOM helps parents/caregivers turn shared moments into brain building moments. Meal time, bath time, visits to the grocery store or play times with families and friends, all provide opportunities to nurture children's growing minds. BSK will also help support translation of VROOM resources in other languages, to help spread the information about these important early years, and support parents in the many ways they engage with their very young children.

With funding from the Bezos Family Foundation, King County has begun the work of sharing VROOM practices and materials in community settings. BSK will help community partners extend the reach of VROOM and other research and resources that will strengthen families and support the role of parent/caregivers in building protective factors that strengthen their children, their families and their communities.

BSK investments will allow parents across communities and cultures to connect with information and social supports to scaffold their children’s healthy development, and to feel successful and satisfied in their roles as parents. Community partners will provide relevant and accessible information for parents and families across a range of topics including health and safety, stages of development, the importance of play and the vital importance of oral language and language development beginning at birth. Funds to support the dissemination of information for caregivers will be contracted to community-based organizations.

2016: \$93,000

2017-2021 average:
\$2,230,000

Child Care Health Consultation, including investments such as:

- Onsite support to licensed child care providers – family child care homes and child care centers – to promote children’s health and development and assure healthy and safe care environments
- Community-based trainings on child health and safety

Rationale for investment. Child care health consultation (CCHC) promotes the health and development of children, families and child care staff to ensure healthy and safe child care environments⁴¹. Through CCHC, licensed child care settings are able to access the expertise and support of a multidisciplinary team of nurses and community health workers – all focused on promoting and supporting healthy, safe and developmentally appropriate environments for young children. The practice of integrating CCHC into child care settings is recommended by the American Academy of Pediatrics to ensure that complex health concerns such as determining safe sleep policies, developing care plans for children with chronic

medical conditions, or responding to infectious disease outbreaks, are informed by health care professionals.⁴² The approach has a solid research base.

CCHC does not act as a primary care provider, but offers critical services to licensed child care and families by sharing health and development expertise, strategies to ensure injury prevention, assessments of child health needs, and community resources. CCHC assists families in care coordination with their medical homes. As King County builds out the BSK Help Me Grow framework, the connections facilitated by child care health consultation will be essential in strengthening the system of supports for families.

By investing BSK funds to expand CCHC, King County will be able to reach additional providers, including cultural- or ethnic-specific licensed child care homes that are vital resources in communities, but which may not be sufficiently connected to systems and supports to assure frequent and responsive child care health consultation. CCHC is an essential service across all child care settings, but is of particular importance to licensed centers and homes serving children birth to age three. These years provide critical opportunities for assuring healthy development, and/or identifying concerns early.

In addition to assuring increased access in under-served communities, investing in CCHC could target supports to licensed homes and centers that are participating in Early Achievers⁴³, the state's quality rating and improvement system. Licensed homes and centers that are preparing to be rated, could be bolstered in their efforts toward improved quality through the support of child care health consultation.

Beyond the need for increased services onsite in licensed centers and homes, providing more health and safety consultations to communities, families and unlicensed providers such as Family/Friend/Neighbor care, would further health promotion messages and disseminate information on healthy development.

Proposed approach. BSK will expand consultation and technical assistance for child care providers to ensure that licensed providers in King County have access to the tools and support they need to provide effective early preventive care for all children, including those with delays or disabilities, or social/emotional and/or behavioral health challenges. The primary vehicle for this will be through expanding the quantity and capability of child care consultants available to partner with licensed providers who need additional support.

Child care consultation will ensure that King County child care providers are knowledgeable and capable of providing positive, healthy and safe environments for all young children to learn, play and grow. BSK funds will support on-demand training onsite for licensed providers, across a range of topics. These may include child development, nutrition, communicable disease prevention, safe and healthy environments, injury prevention, physical activity, and child behavior management. Equity and social justice, anti-bias and trauma-informed care will provide the framework for all training.

Training will be supported by community health workers with community-based knowledge, and Public Health staff with expertise in areas that support best practices in child care settings. Through nurses and community health workers, Public Health's CCHC team provides interdisciplinary and specialized consultation and technical assistance in licensed child care to improve outcomes for the health and well-being of children. All services are provided with a trauma-informed lens, incorporating evidence around adverse childhood experiences (ACEs), neuroscience and resilience. Core services include:

- Technical assistance and consultation to childcare programs to improve health and safety practices
- Education and coaching for child care providers to increase understanding of normal and atypical growth and development; encouraging early, appropriate referrals to community resources when needed
- Classroom observations to identify children at risk of adverse health and behavioral concerns, and technical assistance to childcare programs on health screenings
- Technical assistance and coaching on nutritional and physical activity in the childcare setting
- Collaboration with King County’s Birth to Three Early Intervention program to support supportive child care accommodations for identified children.

BSK funds will also support group trainings in communities, which would be available to families, and family/friend/neighbor caregivers. These trainings would provide opportunities for parents and families, and those who support them and care for children in many settings, to access critical information on healthy child care environments.

Over the next six months, we will work with our partners to strengthen the mechanism for delivering CCHC and reaching additional licensed homes and centers in communities across the County. We will also work with partners to identify opportunities for larger group trainings on health promotion and best practices in child care environments to engage families and communities in supporting children’s healthy development regardless of child care setting.

2016: \$795,000

2017-2021
average:
\$7,310,000

Direct Services and System Building to Assure Healthy Development, including investments such as:

- Developmental screenings for all very young children
- Early intervention treatment services
- System building for infant/early childhood mental health

Developmental Screenings for All Very Young Children

Rationale for investment. Developmental screenings are a foundational element of health care for young children from birth through five years. Early identification and access to services ensures that intervention is provided when the child’s developing brain is most capable of change. As brain architecture emerges in very young children it establishes either a sturdy or fragile foundation for all the capabilities and behaviors that follow⁴⁴. When screenings indicate developmental concerns, appropriate high quality early intervention programs can reduce the likelihood that children will experience prolonged or permanent health and learning delays, and reduce the incidence of future problems in their learning, behavior, and health. Intervention is more effective and less costly when it is provided earlier in life.

Proposed approach. King County will partner with communities to identify infants and toddlers in need of services as early as possible. Bright Futures – a framework developed by the American Academy of Pediatrics – sets the standard for developmental screening to guide medical providers, child care providers, communities and families toward best practices⁴⁵.

BSK funds will support training for additional child care providers, home visitors and medical providers on the importance of developmental screenings and the tools available, and assure that all King County children have access to developmental screenings. Equally important will be the ability to connect families with resources and services to respond to children's needs as identified through developmental screenings. This capacity will be systemically improved and strengthened as the BSK Help Me Grow framework is built out in the County, improving the connections across resources and assuring greater supports and access for families through the assistance of Community Navigators.

Early Intervention Treatment Services

Rationale for investment. We know that more children are in need of early intervention services than are currently being served. Eligible infants and toddlers and their families are entitled to individualized, quality early intervention services in accordance with the federal [Individuals with Disabilities Education Act \(IDEA\), Part C](#). (These services are also known as ESIT: Early Support for Infants and Toddlers.) In 2015, King County's IDEA Part C early intervention system served 3,909 children which represents approximately five percent of the general population of children ages birth to three. However, research indicates that as many as 13 percent of birth to three-year-olds have delays that would make them eligible for services.⁴⁶

Early intervention services are designed to enable young children to be active, independent and successful in a variety of settings—in their homes, in child care, in preschool programs and in their communities.

Proposed approach. Developmental screenings supported by BSK will result in an increase in children accessing the early intervention services they need. BSK funds will be used to support additional early intervention capacity. Any child under the age of 36 months, who has a 25 percent delay or shows a 1.5 standard deviation below his or her age in one or more of the following developmental areas is eligible for support through early intervention:

- Cognitive development
- Physical development, including vision, hearing, and fine and gross motor skills
- Communication development
- Social and emotional development
- Adaptive development

Early intervention is provided through a network of providers, funded by King County and Washington state. The County will leverage other funds, including Medicaid, wherever possible to support this expansion in services. ESIT helps families build knowledge and skills to meet the developmental and health needs of their young children birth to three years old with special needs, as well as the needs of the family.

Anyone who has a concern about a child's development may make a referral. This includes parents, guardians, foster parents and family members. Professionals such as pediatricians, other physicians, social workers, nurses, child care providers or others who have contact with a child can also make a referral for Birth-to-Three services. Over time, the BSK Help Me Grow framework will enhance families' access to the ESIT services their children may need. These services include, but are not limited to:

- Audiology
- Family resource coordination
- Health services
- Nutrition and feeding services
- Occupational therapy
- Physical therapy
- Psychological services
- Speech-language therapy
- Family counseling and education

System Building for Infant/Early Childhood Mental Health

Rationale for investment. Early childhood mental health focuses on healthy social and emotional development of children from birth to age five. This is a growing field of research and practice devoted to promoting behavioral health and social and emotional development for very young children. The field is committed to promotion and prevention. Treatment, if needed, is provided for children in the context of their families.

An estimated nine to fourteen percent of children birth to five years experience behavioral or emotional problems, including depression and anxiety. These behavioral health issues negatively impact children's early learning, social interactions and overall child and family well-being⁴⁷. Early intervention in social and emotional struggles and behavioral health is part of an upstream prevention for suicide risk, interpersonal violence and other problems in adolescence. Across our County, there is a significant shortage of well-trained professionals with expertise to serve young children with emotional/behavioral challenges and their families.

Proposed approach. BSK funds will support increasing capacity to meet the need for behavioral health services in early childhood. Through BSK, King County will work with community partners and providers over the course of the next year to develop a comprehensive Infant and Early Childhood Mental Health system. As a newly emerging service system, the development of a strategic plan is an essential first step. Key elements will include:

- Building community awareness of early indicators of emotional/behavioral concerns in young children and introducing screening opportunities
- Implementing policy and practice changes to inform the preparation and support of the early childhood workforce. Workforce development initiatives within child development, early education, special education and early intervention, and behavioral health need to incorporate infant and early childhood mental health content
- Shaping a system of support for early learning providers and parents, to support healthy social and emotional development in children birth to age five, including access to reflective consultation⁴⁸
- Developing a cadre of mental health professionals able to identify issues and concerns which require consultation, and support communities of practice
- Defining system supports to assure effective referrals and access, and mechanisms for reimbursement

A key element of building capacity will be the use of BSK funds to support providers, and those working in early intervention and treatment services and in childcare and home visiting, through the Washington Association of Infant Mental Health (WA-AIMH) endorsement process. Endorsement by WA-AIMH verifies that an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from mentors or supervisors, honed skills in reflective consultation, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers and preschoolers, parents, and caregivers. When bolstered by the tools and support from providers trained in early childhood mental health, children's school readiness and positive social emotional development can be greatly strengthened, reducing the likelihood that more expensive services such as special education or mental health hospitalization will be needed later on.⁴⁹

2016: \$126,000

2017-2021

average:

\$1,440,000

Workforce Development, including investments such as:

- Training and information for medical providers, child care and home-based services on multiple topics that promote healthy early childhood development

Rationale for investment. Across King County, individuals in many contexts are working with young children and families. In some cases – as is often true with family/friend/neighbor care and licensed child care homes – these individuals may be working in isolation without access to supports and information. In others, multiple responsibilities may make it difficult to access information, training and resources to improve the quality of interactions with young children.

The issue of workforce development in early childhood is receiving significant attention in our state, and across the nation, particularly following the release of the National Academies workforce report in 2015.⁵⁰

Proposed approach. BSK will invest funds throughout our region to build the knowledge base within and across communities on key topics relevant to healthy early childhood development. These investments will support child care providers, home visitors, community navigators, medical providers and others who serve as resources to children and families.

One example is training medical providers on Reach Out and Read, a program based in medical practices in which doctors give young children new books and inspire families to read together, starting when children are babies. Reach Out and Read facilitates medical providers' participation by providing professional development that enables providers to make literacy promotion a standard part of well-child care, and provides technical assistance to assure clinics can deliver services to families with fidelity to the proven model. When families participate, parents are up to four times more likely to read to their children, and children perform up to six months ahead of their peers on language tests.⁵¹

Through investments in workforce development, we expect to address multiple content areas including adverse childhood experiences, resilience, trauma-informed care, brain development and early childhood behavioral health. BSK will contract with educational providers and community-based organizations to ensure that training is provided in innovative ways, to support all providers, including

those furthest from formal system supports. This could include approaches such as coaching, and other proven strategies for increasing the quality of early learning environments.

These workforce development opportunities will prioritize equity as a key element in training. Over the next six months, we will work with community partners to develop this approach.

2016: \$3,481,000

2017-2021 average:
\$9,590,000

Investment in Public Health’s Maternal/Child Health Services

Rationale for investment. The *Best Starts for Kids* ordinance allocated a minimum of \$42.8 million over the life of the levy to Public Health—Seattle & King County’s Maternal/Child Health (MCH) services. In 2014, the shortfall of funding for PHSKC reached a critical point, threatening the loss of MCH services. BSK’s investment in these services will help to bring their service levels back up to 2014 levels. By investing in this work, King County will be able to ensure the services PHSKC provides to women, children and families continue to be available to the community throughout the life of the levy.

Proposed approach. This portfolio of programs includes proven prevention and early intervention programs for mothers and families, such as Nurse Family Partnership (NFP); Maternal Support Services (MSS); Women, Infants and Children (WIC) supplemental nutrition program; Family Planning; Health Educators; and Kids Plus—a program that focuses on improving healthcare and housing for children and their families experiencing homelessness. Many of these services have historically been provided through the Public Health Centers.

Through the relationships with young children and their families, MCH services are positioned to help families access the other resources and supports, which will be funded through BSK by facilitating referrals through the BSK Help Me Grow framework.

BSK’s investment in MCH services is projected to be about \$51.4 million over the life of levy. The amount of funding over the minimum required by the BSK ordinance covers the cost of the Kids Plus program which was approved for inclusion in BSK as part of the 2015 supplemental budget ordinance, as well as infrastructure needs for continuing to provide the MCH portfolio of programs to our community’s women, children and families.

Section VI

5 – 24 YEARS, APPROACHES AND INVESTMENTS

This section of the implementation plan addresses:

- Overview of 5 – 24 Years Results, Strategies and Indicators
- Programs and Services for 5 - 24 Years

OVERVIEW OF 5 - 24 YEARS RESULTS, STRATEGIES AND INDICATORS

In approving *Best Starts for Kids*, King County voters demonstrated their commitment to investing public funds toward programs and services that will help children and youth ages, 5 – 24 years, to sustain the gains from early childhood and support successful transitions into adulthood. The second of BSK’s three overarching results focuses on these critical years and King County’s aspiration for all of our young people:

King County is a place where everyone has equitable opportunities to progress through childhood safe and healthy, building academic and life skills to be thriving members of communities.

Six overarching **strategies** define the 5 – 24 Years work:

BSK STRATEGY AREAS – Sustain the Gain (5 – 24 Years)

Build resiliency of youth, and reduce risky behaviors

Meet the health and behavior needs of youth

Create healthy and safe environments for youth

Help youth stay connected to their families and communities

Help young adults who have had challenges successfully transition into adulthood

Stop the school to prison pipeline

These strategies will contribute toward improvement in these **headline indicators**:

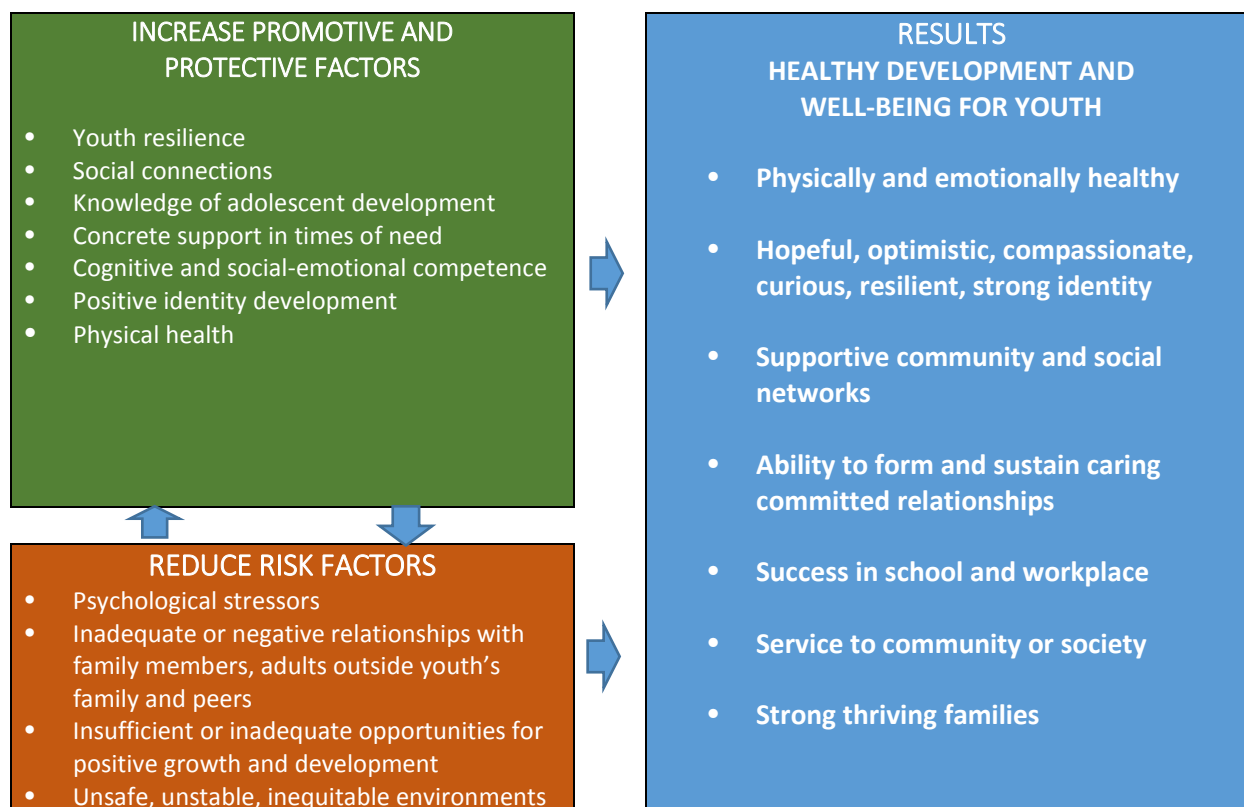
- 3rd graders who are meeting reading standards
- 4th graders who are meeting math standards
- Youth who are using illegal substances
- Youth who are flourishing and resilient, as described by curiosity, resilience and self-regulation
- Youth and young adults who are in excellent or very good health
- Youth who graduate from high school on time
- Youth and young adults who are either in school or working
- High school graduates who earn a college degree or career credential

INVESTMENTS AND APPROACHES FOR 5 – 24 YEARS

The BSK investments and approaches discussed below will assure that *Best Starts for Kids* – through partnerships with community-based organizations – will be successful in achieving our stated result for children and youth. As we learn from initial investments, and build both our qualitative and quantitative understanding of the impact of BSK across King County communities, we expect that investments and approaches will be refined. Any refinements over time will be made in consultation with community-based partners, and with the guidance of the Children and Youth Advisory Board. As with our investments in Prenatal – 5 Years, we will approach investments in 5 – 24 Years with these guiding principles at the center of our work:

- Attention to disproportionality and multiculturalism is critical, and will be integral to how we focus investments.
- We will attend to the structural and systemic reasons why some children and families are not currently achieving desired outcomes, and will work with others to change underlying systemic and structural inequities.
- We will encourage innovative programs, built on the experiences of community partners and the needs and priorities of community residents.
- We will build upon resilience and protective factors in children, youth and families across our County.
- We will emphasize promotion of positive development, relationships and community in addition to preventing negative outcomes and providing *early* interventions.

This overarching framework is adapted from the Center for the Study of Social Policy:



The following section provides more detail on 5 - 24 Years programs and services which will be funded through *Best Starts for Kids*. These programs and services will be primarily provided by community-based organizations.

2016: \$1,121,000

2017-2021
average:
\$11,410,000

Build Resiliency of Youth and Reduce Risky Behaviors, including investments such as:

- Trauma-informed schools and organizations
- Restorative justice practices
- Healthy relationships and domestic violence prevention for youth
- Quality Out of School Time
- Youth leadership and engagement opportunities

Trauma-informed schools and organizations

Rationale for the investment. The decades of strong evidence around the impact of ACEs and trauma on adults' health and well-being, along with the emerging research around impacts on children, point to a need to invest in the development of effective ways to build resilience of youth, thus buffering the effects of individual and community ACEs. Schools and community organizations are key institutions influencing youth development, health, and achievement. Investing in restorative, trauma-informed practices within the school environments, and extending to other organizations where our youth are served, is an emerging best practice in mitigating the effects of ACEs in our communities.

King County will develop a trauma-informed model based on key concepts from existing initiatives, which have demonstrated good results: the Oakland School District model of restorative justice⁵², trauma sensitive schools model⁵³, and training and consultation in trauma-informed practices models such as Collaborative Learning for Educational Achievement and Resilience (CLEAR)⁵⁴.

The CLEAR model was developed by Washington State University over several years, in partnership with Spokane Public Schools, and is currently being piloted in Seattle Public Schools in collaboration with Public Health - Seattle & King County. The CLEAR model is designed to partner with educational systems to create and sustain trauma-informed practice models through staff development, consultation and support.

Trauma-informed approaches emphasize that once schools understand the educational impacts of trauma, they can become safe, supportive environments where students make the positive connections with adults and peers, learn to self-regulate to optimize their ability to learn and engage in school, and build confidence to succeed in school and in life.

Proposed approach. The King County trauma-informed practice model incorporates restorative justice and trauma-informed practices school-wide, along with Positive Behavioral Intervention and Supports (PBIS) and/or other social/emotional curricula which impact school climate. BSK will partner with organizations and schools to further trauma-informed practices as a means of supporting children and youth whose traumatic experiences – be they few or many – may compromise their progress toward a

successful future. Informed by the work in Oakland and elsewhere, components of the King County model are:

- A focus on the whole child and ensuring that children and youth are understood and have their needs met, socially, emotionally and academically.
- Deep partnerships among families, schools and organizational partners, such as behavioral health providers, school-based health centers, and community-based or parent-led organizations.
- Strong infrastructure in schools and organizations to support culturally-positive, equitable, just and affirming climates for children and youth.
- Common language and training for teachers, staff, students, parents and community, particularly related to the prevalence of individual and culturally/racially based trauma in the lives of children and youth, and its impact on relationships, learning, and behavior.
- Improved school and organizational climates, emphasizing that a *trauma-informed* school is one that embeds a philosophy and set of values into all programs and practices with the goal of creating safety, consistency and predictability for students and staff. In addition to offering alternatives to traditional punitive discipline practices, the model supports positive youth development (including social/emotional learning) and promotes positive school climate through universal educational practices, school culture/policies and trauma-informed identification coordination and response for students needing additional supports.
- Capitalizing on the enormous potential students have for resilience and positive change. Systematically invest and include youth, continue to train youth as leaders, and facilitate and encourage youth voice as an essential component of influencing and developing policy and program decisions.

BSK expects to pursue a multi-year work plan to implement the model in three cohorts. Cohort one schools/organizations will be those that are currently ready to pilot efforts aligned with the King County model's core principles and strategies, and/or schools requesting technical assistance in assessing readiness for a future whole school intervention. Requests for cohorts two and three will be released in subsequent years. We expect that we will partner with approximately 12 schools and/or organizations each year. In most instances, funds would support partnerships of a minimum of two entities – school and community organization – and often more.

Restorative Justice Practices

Rationale for investment. Restorative justice practices completely shift from justice as harming to justice as healing; from retributive justice to restorative justice.⁵⁵ Though contemporary restorative justice practices began in just the last few decades, the effectiveness of these practices in reducing violence, incarceration, recidivism, and suspensions and expulsions in schools is increasingly being documented. Restorative justice practices are recognized as a model in the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide.

Currently our criminal justice system asks these three questions: What law was broken? Who broke it? What punishment is warranted? Restorative justice practices ask an entirely different set of questions: Who was harmed? What are the needs and responsibilities of all affected? How do all affected parties together address needs and repair harm?

Restorative justice practices are rooted in indigenous cultures in which justice is experienced as reparative, inclusive and balanced. It emphasizes: repairing harm, inviting all affected to dialogue together to figure out how to do so, and giving equal attention to community safety, victim's needs, and offender accountability and growth.⁵⁶ Restorative justice has diverse applications. It may be applied to address conflict in families, schools, communities, workplace and the justice system.

Proposed approach. Integrating restorative justice practices will be elemental to multiple strategy areas funded through *Best Starts for Kids*. At a minimum, understanding and applying restorative justice practices will be part of the programs and services provided for children, youth and young adults through trauma-informed schools and organizations, supporting Opportunity Youth to re-engage, and programs and services designed to stop the school to prison pipeline. Over the next six months as County staff come together with community partners, the Juvenile Justice Steering Committee, and the Children and Youth Advisory Board to develop the procurement process, we will emphasize the critical nature of imbuing all of our work with a mindset that is informed by restorative justice practices. In addition, specific practices (for example, peace circles) will be funded with attention to how restorative justice practices can be utilized in settings with our youngest children, as well as older children, youth and young adults.

Healthy Relationships and Domestic Violence Prevention for Youth

Rationale for investment. The strongest predictors of unhealthy relationship choices and sexual violence are violence and unhealthy relationships in the home; the next is community norms⁵⁷. There are many other proven or potential predictors that influence individuals' abilities to form healthy relationships; these include trauma and mental health. We know from adolescent brain science that this is a critical time for shaping lifelong norms for relationships.

During adolescence, young people learn how to form safe and healthy relationships with friends, parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles during this time, and relationships contribute to their development. Peers, in particular, play a big role in identity formation, but relationships with caring adults – including parents, mentors or coaches – are also important for adolescent development. Often, the parent-adolescent relationship is the one relationship that informs how a young person handles other relationships. Unfortunately, adolescents sometimes develop unhealthy relationships, and experience or exhibit bullying or dating violence.⁵⁸

According to the Centers for Disease Control and Prevention, one in 10 adolescents reported being hit or physically hurt on purpose by a boyfriend or girlfriend at least once in the previous year. Over time, controlling and demanding behavior may become increasingly violent and that violence can have negative effects on physical and mental health throughout life (including lower self-esteem, eating disorders, and suicidal thoughts).^{59 60 61}

Lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth may face unique challenges in building healthy relationships. Among adolescents ages 18 to 19, just under eight percent of females and just under three percent of males identify as homosexual or bisexual.⁶² LGBTQ adolescents are happy and thrive during their teenage years. However, as a group they are more likely than their heterosexual peers to experience difficulties: LGBTQ adolescents are at increased risk for suicide attempts, being homeless, alcohol use, and risky sex.^{63 64}

Bullying is also a serious problem for children and youth, but it can be prevented or stopped when those involved know how to address it. Many adolescents have experienced bullying, whether they were bullied, bullied someone else, or saw someone being bullied. Although definitions vary, bullying usually involves an imbalance of power, an intent to hurt and repetition of the behavior. Adolescents who bully use their power to control or harm, and those being bullied sometimes feel powerless to defend themselves.⁶⁵

Proposed Approach. Helping youth and young adults build and maintain healthy relationships will be a focus integrated across all of BSK's investments in 5 – 24 Years. The approaches will vary, depending on the age of children and youth served. Approaches that are effective for older elementary children differ considerably from those focused on youth in high school. Because family relationships are so central and so powerful in the lives of young people, BSK-funded programs will prioritize opportunities for strengthening families across multiple venues and interactions. Approaches will be responsive to the diversity of families and communities in King County including racial, cultural, LGBTQ and disability communities.

BSK will partner with community organizations and engage youth directly to develop an approach for helping youth build the skills to support healthy relationships across many settings in their lives. The focus of this approach will be on helping youth identify what healthy relationships look like, and also develop skills for how to address violence when they encounter it in their relationships, or the relationships of family members or peers.

One potential approach is the [Family Acceptance Project](#) which works to decrease risk and promote well-being for LGBTQ children and youth and to strengthen families, by informing family intervention strategies and research-based practice information in primary care, mental health, family services, schools, child welfare, juvenile justice and homeless services to build healthy futures for LGBTQ children and adolescents in the context of their families, cultures and faith communities.

Another potential approach is bystander training. The [Green Dot etc.](#) strategy is one bystander training approach to violence prevention that capitalizes on the power of peer and cultural influences. Informed by social change theory, the model identifies all community members as potential bystanders, and seeks to engage them, through awareness, education, and skills-practice, in proactive behaviors that establish intolerance of violence as the norm, as well as reactive interventions in high-risk situations – resulting in the ultimate reduction of violence. Specifically, the program targets influential and respected individuals from across community subgroups. The goal is for these groups to engage in a basic education program that will equip them to integrate moments of prevention within existing relationships and daily activities. By doing so, new norms will be introduced and those within their sphere of influence will be significantly influenced to move from passive agreement that violence is wrong to active intervention.

Quality Out of School Time

Rationale. Children and youth spend only 20 percent of their waking hours in school. How they spend the remaining 80 percent of their time has a significant impact on their success and well-being⁶⁶. Over a decade of research and evaluation shows that high-quality afterschool and youth development programs (which includes summer programs) are directly linked to youth achievement of positive social/emotional, health, and academic gains. Quality out-of-school-time programs provide children and youth with access to a range of activities from educational enrichment to cultural and social development activities, recreation, physical activity and health promotion, visual and performing arts,

tutoring and homework services, and leadership skills. They serve a critical role in fostering healthy communities and providing young people with a safe space keeping them off the streets during the peak hours for juvenile crime.⁶⁷

What happens in quality out-of-school-time programs looks and feels different than the school day, and enhances in-school learning by supporting the holistic needs of children and youth. Expanded Learning Opportunities (ELOs) in particular have emerged as a subset of the out-of-school-time field with a specific focus on improving academic outcomes for low-income youth and children and youth of color. These programs use data to inform program practice and measure progress. Core to the ELO model is engagement with communities, families and schools to align in-school and out-of-school learning with a shared goal of enhancing learning and improving academic outcomes.⁶⁸

Investments in quality out-of-school time have the potential to counter the significant impact of *summer learning loss*. Every year, children and youth forget between one-three months of what they learned in school the previous year.⁶⁹ Two-thirds of the achievement gap between lower-/middle-income and higher-income youth entering 9th grade can be attributed to summer learning loss.⁷⁰ The benefits and social returns of investing in summer learning are compelling and contribute to a decrease in student dropouts, higher grades and academic performance, and higher graduation and college enrollment rates.⁷¹

Research from Dr. Joseph A. Durlack (Loyola University, Chicago) and Dr. Roger Weissberg (University of Illinois, Chicago) also speaks to the effectiveness of quality out-of-school-time programs in enhancing young people's personal and social skills. Drs. Durlack and Weissberg reviewed 68 studies of afterschool programs that had the specific goal of fostering personal and social development, and that were compared to non-participating control youth. Through their review, they were able to identify four evidence-based practices, which form the acronym SAFE. In brief, their review identified whether program staff:

- Used a sequenced step-by-step training approach (S)
- Emphasized active forms of learning by having youth practice new skills (A)
- Focused specific time and attention on skill development (F)
- Were explicit in defining the skills they were attempting to promote (E)

Each of these practices has a strong research base in many skill training studies of youth. The afterschool programs that followed all four recommended practices were called SAFE programs (N = 41) and those that did not were called Other Programs (N = 27). The findings were clear: SAFE programs were associated with significant improvements in self-perceptions, school bonding and positive social behaviors; significant reductions in conduct problems and drug use; and significant increases in achievement test scores, grades and school attendance. The group of Other Programs failed to yield significant improvements on any of these outcomes.⁷²

Approach. BSK will partner with organizations across our community which provide or support afterschool and summer programs and will invest in quality out-of-school-time programs to support King County's children and youth.

Stakeholders for out-of-school time include a multitude of large organizations and small community-based resources. School's Out Washington – which is based in Seattle and serves all of Washington state – serves as the intermediary for out-of-school-time programs in King County, tailoring professional

development and systemic supports to further the quality of afterschool and summer programs for all children and youth.

Supported by funding from the Raikes Foundation, the C.S. Mott Foundation and other organizations, School's Out Washington led a process to develop Washington's first quality standards for out-of-school time programs. Over many months they gathered input from a broad group of stakeholders, conducted focus groups and cross-walked their ideas against current research. In the spring of 2014, the Washington State *Quality Standards for Afterschool and Youth Development Programs* were finalized and shared with the state's out-of-school time field. BSK will partner in this work to assure that high quality out-of-school-time is available for children and youth in King County.

Youth Leadership and Engagement Opportunities

Rationale. Research demonstrates that youth with more developmental assets, such as positive family communication, caring school climate and sense of purpose, have reduced morbidity and better health outcomes⁷³. In addition, key protective factors, such as connectedness to parents and family, connectedness to school, and optimism, promote healthy youth behaviors and outcomes⁷⁴ while diminishing the likelihood of negative health and social outcomes. A dual strategy of risk reduction and promotion of protective factors through an intentional positive youth development approach holds the greatest promise as a public health strategy to improve outcomes for youth.⁷⁵

Approach. BSK will work with our community partners over the next six months to develop opportunities for youth leadership that will benefit youth, as well as their families and communities. Community feedback has identified interest in using this approach to pursue multigenerational programs, with youth in the lead. Furthering youth leadership directly ties to recommendations from the Youth Action Plan which call for more opportunities for youth leadership and community engagement. We expect that those opportunities will be effective in engaging youth who might not see themselves as leaders, including youth from refugee and immigrant communities, LGBTQ youth, youth of color, foster youth, developmentally delayed and disabled youth, and justice-involved youth. Approaches may include development of a Leadership Tomorrow type program, designed for/by youth, as well as deliberate identification of opportunities for youth to serve their communities through local and regional boards and commissions.

2016: \$219,000

2017-2021 average:
\$2,950,000

Help Youth Stay Connected to Families and Communities, including investments such as:

- Mentoring
- Family engagement and support

Mentoring

Rationale. Expanding mentoring opportunities and programs is one method of building resilient youth. Mentoring can help support youth as they go through challenging life transitions, including dealing with stressful changes at home or transitioning to adulthood. The supportive, healthy relationships formed between mentors and mentees are both immediate and long-term and contribute to a host of benefits. Evaluations of youth mentoring programs have provided evidence that high-quality, enduring

relationships can lead to a range of positive outcomes for the young people involved⁷⁶. Likewise, researchers have deciphered some of the conditions under which youth mentoring is most effective, as well as the types of volunteers, young people and activities that are associated with positive developmental outcomes. Successful mentoring programs are known to contribute to increases in resilience and protective factors for youth, and reductions in negative behaviors, including truancy and substance use.

Approach. As BSK further develops its approach to mentoring investments, we will work closely with community-based organizations and current mentoring providers, looking particularly for those programs that maximize the importance of mentoring relationships with peers, intergenerational mentoring, and mentoring as a vehicle for building strong cultural and ethnic identity. This includes assuring that there are programs connecting elders with LGBTQ youth and youth with disabilities.

Mentors and peer advocates can be assets in helping young people who have experienced challenges to successfully transition into adulthood. Mentoring provides opportunities for intergenerational approaches and matching peers from within communities. However, some mentoring programs pair students with a mentor for only one year, often until they secure a job or complete a GED. BSK will pursue opportunities for innovative programming that goes beyond one year of support while young people pursue college coursework or advanced training, maintain employment and/or secure stable housing.

BSK will identify agencies to support ongoing mentoring programs through a competitive RFP. Mentoring programs will vary across communities as they account for geographic, cultural and other needs of the youth for which they are intended. BSK will support community based organizations that pursue best practices for mentoring based on the latest research including but not limited to:

- Recruiting appropriate mentors and mentees and ensuring clear expectations
- Providing initial and support, training and supervision for mentors
- Offering ongoing consultation and training to mentors that extends post-match

During summer 2016, King County will partner with community-based organizations and members of the Children and Youth Advisory Board (CYAB) to develop a more comprehensive list of criteria of best practice and funding priorities. We will also explore multigenerational mentoring, as an opportunity to partner with agencies serving elders.

Family Engagement and Support

Equity and social justice is central to understanding what families need to be engaged and supported. King County will work in partnership with communities and families to understand their needs and co-design family engagement strategies that work to support families in authentic ways. When making decisions regarding family engagement, programming needs to encompass multicultural approaches. BSK will look to our community partners – including children, youth and families – to shape investments in communities to support families' involvement in school and community activities. We will look to partner on ways to support families' roles and relationships with their children and youth. This approach will be developed in partnership with the CYAB and community stakeholders and, most importantly, families.

2016: \$385,000

2017-2021

average:

\$5,220,000

Meet the Health and Behavior Needs of Youth, including investments such as:

- Positive identity development
- School-based health centers
- Healthy and safe environments
- Screening and early intervention for mental health and substance abuse

Positive Identity Development

Rationale for investment. The importance of helping our children and youth develop positive identities as strong, capable young people is fundamental to BSK's disposition toward building protective factors. Multiple studies point to the importance of identity in positive youth development. Two community stakeholders in King County – the Community Center for Education Results (CCER) and the Youth Development Executives of King County (YDEKC) have contributed extensively to discussions on this issue across our region.

One aspect of identity – ethnic identity and, in particular, a strong identification with one's heritage – is positively associated with a range of outcomes including coping ability, mastery, self-esteem, and optimism⁷⁷. Youth must work to integrate aspects of their identities as they move from home to community to school; successful integration of their full identity can help in their success. For example, immigrant youth with well-integrated identities scored significantly higher than all other groups on various measures of psychological adjustment⁷⁸. In contrast, acculturation or assimilation (the giving up of one's historical cultural identity and the adoption of dominant cultural norms) can negatively impact student success. The maintenance of ethnic loyalty, not assimilation, appears associated with stronger school performance among immigrant children⁷⁹.

Proposed approach. BSK will work with our community partners – including youth from across our community – to develop appropriate strategies for supporting youth as they develop their positive identities across ethnicity, culture, sexual orientation, disability, race and gender. We will rely on community partners, and youth across our communities, to help define approaches to positive identity development, and how to support it in diverse communities across King County.

School-based Health Centers

Rationale. Health equity exists when individuals have equal opportunities to be healthy. Health inequities are caused by the uneven distribution of social determinants of health, such as education, housing, vibrant neighborhoods, and employment opportunities.

Health risks such as teenage pregnancy, poor diet, inadequate physical activity, physical and emotional abuse, and substance abuse have a significant impact on how well students perform in school. This can lead to a higher number of absences from school and an increase in adolescents' substance abuse. School-based health centers are a proven strategy for increasing educational and health outcomes including school performance, grade promotion, and high school completion.

School-Based Health Centers (SBHCs) have been shown to decrease health inequities. Studies have shown that SBHCs have helped to decrease absences by 50 percent among students who had three or more absences in a three-week period. Studies have also shown that school-based services are particularly effective for youth. Adolescents are 21 times more likely to make a mental health visit to a school-based provider than to a community site⁸⁰. The increased availability of mental health and substance abuse prevention and early intervention services in schools reduces the stigma of seeking mental health and substance abuse care and increases accessibility of that care.

School-Based Health Centers are operated by community health agencies and are staffed with coordinators, nurse practitioners and mental health counselors that ideally reflect the diverse ethnic, language and cultural backgrounds of the students and families, including LGBTQ families. Typical services include preventive health care, immunizations, and counseling for depression, trauma and stress. PHSKC has successfully launched and supported the growth of SBHCs and currently supports 31 clinics in King County with technical assistance, program quality, and professional development to ensure high quality service.

Approach. BSK funds may allow for the expansion of up to five additional SBHCs in low income areas during the life of the levy. Schools that demonstrate readiness to build strong partnerships are willing to participate in learning collaboratives, and which represent geographic diversity will be selected through a competitive RFP process. This will be a phased approach with a specific focus on communities with higher needs, as determined by current access to adolescent care and school demographics.

This will include an expansion of existing sites where current funding and/or models do not fully meet community need, and which demonstrate the capacity to expand their services.

- Phase One (Years one and two): King County will provide capacity-building for partnership building, community of practice, and an investment in infrastructure and capital for one additional site. Funding will be available to expand sites where funding and/or community need are not currently met.
- Phase Two (Years two and three): Funding will be maintained while increasing capacity building work which may yield up to five additional SBHC sites. Capacity building will support partnership building, community of practice and investment in infrastructure and capital.
- Phase Three (Years three through six): Funding will be maintained while continuing to support ongoing capacity building. Capacity building will include support for utilizing data for decision making to support quality improvements and support ongoing sustainability.

Quality replication will require partnership and relationship building. Interested community partners such as school districts and health providers will need to assess needs and prepare for future capital and operational funding provided by BSK, as well as locally leveraged funds. Building capacity and readiness toward implementation and sustainability ensures positive lasting outcomes and sustainable practice in the school and community.

King County will support the work to get new sites ready to replicate and provide the support needed to prepare for expansion. The County will convene a community of practice, and support a standard of care through the use of data, to improve practices and outcomes for students.

Community involvement will be key to ensuring that new centers meet the needs of specific communities, which will differ across geography, ethnicity and culture, and which will serve the diversity of children and youth in our public schools.

Healthy and Safe Environments

Rationale for investment. A focus on healthy and safe environments will provide another opportunity for youth leadership development, while enhancing protective factors and building assets among youth, families and communities. This strategy will bring together the 5 – 24 Years work with the community-specific focus of Communities of Opportunity through community-driven opportunities to collectively create healthy and safe environments across King County.

Proposed approach. BSK will invest in community partners that will identify opportunities for innovative approaches across many potential investment areas. Priority will be given to projects aiming to improve health outcomes and those that include youth in planning and implementation. Investment areas may include:

- **Access to healthy and affordable food.** Affordability is among the greatest barriers to healthy eating in low-income communities. In partnership with the King County Department of Natural Resources and Parks, Public Health – Seattle & King County, and the King County Executive’s Office, an action plan for King County healthy food access was created in 2014. Strategies through BSK will focus on increasing access for vulnerable populations, emphasizing health equity. Improving nutrition environments in schools, after school programs and child care, increasing access to direct market outlets including farmers’ markets, farm stands and mobile markets, and increasing the amount of fruits and vegetables available in food banks, food pantries and emergency meal programs are all potential approaches.
- **High quality physical activity.** Regular physical activity provides multiple health benefits and reduces risk factors for a range of chronic diseases. Creation of, or enhancing access to, programs and places for physical activity can support youth, young adults and families to integrate activity more easily into their everyday schedules. Approaches may include implementing or maintaining high quality best/promising practice in physical education and activity programs in schools and after school programs. Bicycling and bike safety, walking, school buses and safe routes to schools, and maximizing availability of community sites to increase evening access to physical activities are additional potential strategies.
- **Environments that limit exposure to dangerous products and substances.** Programs aimed toward school-age children present an opportunity to address risky behavior that could lead to future drug and alcohol use and substance dependence. Children are more likely to use drugs and alcohol during transition periods, such as going from elementary to middle school. Approaches may include: youth-led efforts to reduce access to tobacco, marijuana and alcohol in their communities; school district efforts to create systems that restrict use of marijuana, tobacco, alcohol or other drugs through non-suspension enforcement; and youth-led campaigns to reduce youth use of products that are targeted toward specific groups (products could include: menthol, hookah/shisha, e-cigarettes, flavored cigars, marijuana, alcohol).

- **Physically safe and health promoting environments.** Changes in the environments where we live, work and play have the ability to impact broad groups of residents and address a wide range of risks and health promoting factors. Impacts at the community level can provide for permanent and sustainable environmental changes that support a healthy lifestyle. Approaches may include: programs that train and employ youth and young adults to be visible school and/or community stewards of safety and healthy activity, and programs that foster social support networks in a prevention approach in community settings.

Screening and Early Intervention for Mental Health and Substance Abuse

Rationale. Mental health problems affect 20 percent of the population. About half of individuals who struggle with mental health issues demonstrate signs and symptoms by the time they are 14 years old, yet few youth have access to help. Schools are in the prime position to be first responders and early interveners. Earlier identification and intervention create better prospects for living healthy, functioning lives.

Of those King County students in 10th grade who participated in the 2014 Washington State Healthy Youth Survey, results revealed the variety of issues that challenge our youth. At some time in their lives: 31 percent of youth felt depressed, 61.5 percent had tried alcohol, and 14 percent did not feel safe at school.⁸¹

Mental health and substance abuse problems in children and youth interfere with their ability to learn, succeed in school, and progress along a normal developmental course. A 2001 U.S. Surgeon General report stated that mental health is critical to a child's learning and general health, and is as important as immunizations. Approximately 21 percent of children between the ages nine and 17 have diagnosable emotional or behavior disorders, but less than a third of these children receive help.⁸² This group of children has an increased risk for dropping out of school and not becoming fully contributing members of adult society.⁸³ Their difficulties often are not recognized as mental health and/or substance abuse related. They get left behind educationally and socially and can be labeled as difficult, which leads to further isolation from accurate problem identification and professional assistance.

Substance abuse is frequently linked to untreated mental illnesses. Forty-three percent of children who use mental health services also have a substance abuse disorder.⁸⁴ There is an increased risk for co-occurring disorders with students who smoke, drink or use other illicit drugs; substance abuse is associated with depression, anxiety disorder, attention deficit hyperactivity disorder, conduct disorder, and eating disorders.⁸⁵ Children with mental health disorders, particularly depression, are at a higher risk for suicide; an estimated 90 percent of children who commit suicide have a mental health disorder.⁸⁶

Proposed approach. *Best Starts for Kids* will partner with schools and community-based providers to implement evidence-based programs to support adolescents' mental health. Investments could include programs such as:

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice based on motivational interviewing techniques used to identify and reduce anxiety and depression and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was cited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use⁸⁷. Screening for depression has been recommended by the U.S. Preventive Services Task Force for ages 12 through 18. The school-based SBIRT, while originally developed for a healthcare setting, has been adapted and piloted in King County schools and is a comprehensive public health approach for addressing selected behavioral health concerns, including anxiety and depression. The goal of King County will be to expand SBIRT services to all 19 school districts to have a presence in all middle and high schools in partnership with schools. SBIRT has strong research indicating results with adults and is beginning to show significant promise with youth. The goal is to ensure all youth in King County have an opportunity to have behavioral health concerns addressed.
- **Early Detection and Intervention for the Prevention of Psychosis [EDIPP]** is an evidence-based program designed to delay or prevent the onset of an acute psychotic disorder in adolescents and young adults ages 12 -25. Although psychosis affects a small percentage of the population, the consequences of not catching it before the first psychotic break are devastating for the individual and his/her family. Using a family-aided assertive community treatment model, the team provides proactive engagement, supports and treatment. Program components include:
 - Training and educating a broad base of community members who interact regularly with young people and may be in a position to identify and refer young people showing early signs of risk for psychosis to further assessment and then to treatment, if indicated. Community members to be trained include school employees, social workers, doctors, nurses, students, parents, clergy, after-school program staff and law enforcement personnel.
 - The assessment is conducted by a multidisciplinary clinical team to determine the youth's risk for psychosis and functioning level.
 - If treatment is indicated, it is provided by the specialized multidisciplinary team that includes a psychiatrist or nurse practitioner, nurse, occupational therapist, licensed clinical counselors, and a supported education and employment specialist, to deliver the interventions.
 - In addition to assessment, the clinical program includes multifamily group therapy, supported employment and education and medication as needed.

King County will pilot EDIPP to study its effectiveness.

2016: \$100,000

2017-2021

average:

\$1,480,000

Help Young Adults Who Have Had Challenges Successfully Transition into Adulthood, including investments such as:

- Supporting youth to stay in-school
- Supporting Opportunity Youth to re-engage

Rationale for Investment. The numbers of youth in King County needing services to stay in school or re-engage are daunting. Approximately 2,000 young people in our County drop out of school each year. These youth are disproportionately low-income youth and youth of color.

There are approximately 20,000 Opportunity Youth⁸⁸ in King County. Opportunity Youth consistently have life situations that make it difficult to engage in school or work, and have experienced multiple risk factors prior to becoming disengaged. Opportunity Youth have interacted with multiple systems, including behavioral health, child welfare, public assistance and criminal justice.

We believe we must pursue opportunities to better connect youth served by these systems to education and the workforce so that they are supported, disengagement is prevented, and those who become Opportunity Youth are provided pathways to re-engage⁸⁹. African American, Hispanic and American Indian youth are over-represented among Opportunity Youth.⁹⁰

Evidence has shown that employment programs for youth reduce negative outcomes such as criminal justice involvement, and have positive impacts on education and earnings. When these work-based learning opportunities are connected to academic content, they have been found to increase high school graduation. To be effective however, programs for in-school youth and for Opportunity Youth must include wraparound supports and a relationship with a caring adult, such as a case manager. These are assets that are lacking in the lives of so many of our young people.

Proposed Approach. *Best Start for Kids* will invest levy funds to support comprehensive programs, including opportunities, for both in-school youth and Opportunity Youth.

- **Supporting youth to stay in-school.** King County's current *Stay in School Program* helps young people prepare for and succeed in education and employment. The program improves young people's educational achievement levels by providing a comprehensive mix of year-round services to youth in danger of not completing high school – including tutoring, case management and employment opportunities. King County has experienced great success through this program in working with youth to prevent them from dropping out. In 2015, 88 percent of youth completing the program went on to post-secondary education or gained unsubsidized employment, and 90 percent of the youth completed the program with a high school diploma.

Through comprehensive in-school programs such as *Stay in School*, youth demonstrate increases in academic achievement and greater awareness of career and post-secondary options. Effective programs for in-school youth help students build the skills they need to be successful in school and work. Services for in-school youth must integrate youth development principles and give students positive activities in which to participate. Activities may include challenge course activities, guest speakers, field trips, service learning, and skill building activities.

BSK will work with community partners to expand comprehensive programs available to in-school youth in King County, focusing on communities and school districts where there is greatest need.

- **Supporting Opportunity Youth to re-engage.** Opportunity Youth face challenges and risk factors at dramatically higher rates than in-school youth. These include homelessness, disabling conditions, criminal histories and substance abuse.⁹¹ In addressing the needs of Opportunity Youth, there is significant work now underway in our region to leverage state basic education funding to pay for re-engagement services. There has been a major expansion in re-engagement programming over the past three years, and a strong need exists to improve and coordinate the supply of programs.

We have an opportunity with BSK to invest in key components that will leverage and support much of the work now underway by building out a regional team of employment specialists/staff working with all the re-engagement sites (currently 13 locations) and coordinating efforts on employer engagement that are already happening in the County through the efforts of the Raikes Foundation, Community Center for Education Results, and others. We will work with these partners and others over the next six months to develop a strategic approach for expanding services to Opportunity Youth.

2016: \$500,000

2017-2021
average:
\$4,380,000

Stop the School to Prison Pipeline, including investments such as:

- Prevention/Intervention/Reentry
- Youth and Young Adult Employment
- Theft 3 and Mall Safety Pilot Project

Rationale for Investment. All of *Best Starts for Kids* – from Prenatal to 24 Years – contributes toward stopping the school to prison pipeline. We believe that we can, and we must, partner effectively with communities to support children, youth and families in ways that strengthen protective factors and scaffold systems of supports that are accessible, relevant and culturally-appropriate. However, while we are working to address systemic issues and create change through investments further upstream, there are children and youth today who need to be supported differently.

Too many of our young people have missed out on childhoods where protective factors were prevalent and the potential for lives of health and well-being were assured. Many low-income youth who are involved, or at high risk of involvement, with the criminal justice system, gangs, homelessness, substance abuse and other dangers have routinely been exposed to multiple risk factors and very few of the protective factors that other youth experience. These include caring supportive adults, safe neighborhoods, strong senses of self and culture, and living situations free of violence, illness and abuse.

In 2015, there were 1,579 court case filings for young people in King County. Of those, 55 percent were identified as black young people, and 79 percent were identified as young people of color. The BSK levy ordinance requires that the BSK implementation plan “shall, to the maximum extent possible, take into consideration the county’s youth action plan, adopted by Motion 14378, and any recommendations of the county’s Juvenile justice steering committee to address juvenile justice disproportionality that was formed in 2015 that are adopted into policy.”

Proposed Approach. In spring 2016, the King County Council added funding to the biennial budget for a consultant to help develop the elements of this strategy area into a cohesive approach. *Best Starts for Kids* staff will work in partnership with this consultant as well as with the Juvenile Justice Steering Committee, the Children and Youth Advisory Board and other King County staff to support implementation of approaches focused on youth and young adults who are currently involved with the criminal justice system or at high risk of criminal justice involvement.

- **Prevention/Intervention/Reentry Project.** This approach proposes partnerships with geographic communities, or hubs, to create unique government/community partnerships. It enlists community members who have previously had little to no opportunity to work in the capacity of serving youth and families, and presents opportunities to hold positive and influential status in the community while presenting a career pathway.

Due to economic and incarceration disparities, communities of color – particularly the African American community – are chronically short of mentors. In the Prevention/Intervention/Reentry project, outreach workers and case managers engage youth and families, help them obtain the services they need, and help them build skills and knowledge through group facilitation. Community mentors have a role, but the project is not reliant only on their availability. Churches and non-profits in each hub will join with outreach and case managers to develop the most efficient strategies in their geographic area, and enlist the help of the private sector for employment opportunities for youth and young adults as part of the employment component (described below). Churches that have parishioners who are passionate about getting involved as sponsors for youth and their families may serve as community ambassadors.

Case managers and outreach workers, working with schools and school districts with the highest suspension, expulsion, and drop-out rates, will intervene to keep students engaged in school and may facilitate restorative practices, peace circles⁹², cultural education and training for staff as alternatives for suspension. Staff may work with youth while they are incarcerated, facilitate groups to address their gang involvement, and smooth the reentry process by assisting youth to obtain jobs and other needed services. Since outreach and case management staff may be housed in existing community-based organizations, those agencies immediately increase their capacity for serving more diverse youth and families.

The project serves youth and young adults ages 12-24 and focuses case management positions on specific populations and needs within communities, including adolescent girls, victims of sex trafficking, African American, Latino, Native American Indian and East African youth. This project will build upon the work of the organization(s) that receives funding for case management and outreach through the King County Council's biennial budget add for these services in spring 2016.

- **Youth and Young Adult Employment.** This project focuses employment preparation and supports specifically toward youth and young adults who are involved with the criminal justice system, gang-involved, or at very high risk of criminal engagement. There is a correlation between poverty and criminal activity. Efforts to reduce the crime rate must take economic opportunity into consideration. Many low-income young men, in particular, grow up without observing the men in their families as gainfully employed, and they have become ensnared in a multigenerational cycle of poverty, unemployment and disenfranchisement. Many of these young adults – especially African

American young men – are severely disenfranchised. They are not counted in traditional unemployment rate calculations because they’ve never been engaged in the job market.

BSK seeks to assist our most disenfranchised youth to realize their true potential, by providing a means for them to acclimate into the culture of employment, and to provide them the supports they need to be successful. An employment program for youth and young adults would focus on employment as a rite of passage, and prepare them to be successful through comprehensive job preparation and sufficient supports to ensure job placement and job retention.

Employment for youth would be full time during the summer and part-time during the school year to encourage students’ participation in school-based activities and sports, and to support their continued academics. Employment for young adults would be full time, focused on building the work history and skills necessary to get a job, and aiming toward the long-term opportunities and self-determination that come through sustained employment.

- **Theft 3 and Mall Safety Pilot Project.** King County’s Juvenile Justice system is racially disproportionate. Although referrals for charges in the system declined from 2013 to 2014, referrals for Black youth went up. Out of 1251 cases referred for filing for black youth in 2014, 27 percent of them were for theft 3 (i.e. shoplifting). Black children are disproportionately charged with theft 3 and it is critically important that we prevent the entry of these children into the criminal justice system. Tukwila Police Department has been the source of 350 misdemeanor theft cases, which is one of the highest in King County. Westfield Mall (Southcenter), in Tukwila, is the source of many of these and other referrals.⁹³

Best Starts for Kids, in collaboration with the Juvenile Justice Equity Steering Committee, will pilot a program to lower the number of juvenile referrals for charges coming from Westfield Mall by stationing community-based service providers at the mall. Police officers can divert shoplifting and other low-level cases to the providers. Officers can also pro-actively seek providers’ intervention where law enforcement identifies a risk of violence or aggression. Providers will be able to de-escalate situations and, where children and youth are unable to resolve their differences, help them disperse. The pilot will also include an evaluation component which will compare recidivism rates for shoplifters who are diverted by law enforcement and for those who are charged.

The idea of locating community-based providers in malls draws on a strategy that has proven effective in schools. The current approach to low-level theft—arrest and prosecution—is not evidence-based. Research demonstrates that juvenile justice system involvement can increase recidivism and further system involvement. Job training and mentorship will do less harm to the child, will likely lead to lower recidivism, and will save money. The pilot is based partially on the Law Enforcement Assisted Diversion program, an evidence-based program that has been piloted in Seattle-King County for adult drug offenders. The Westfield Mall pilot is based on the central premise of that program—immediate services for individuals accused of wrongdoing. Because the crimes at issue here do not involve felony drug use, this project envisions fewer resources devoted to monitoring program participation and instead seeks to channel all resources to services, including mentoring, employment assistance, academic supports and case management.

The project presents an opportunity to immediately address critical issues for high risk youth:

- Prevent deeper penetration into the juvenile justice system by offering an immediate connection to a mentor and to job training.
- Prevent re-offense by providing relationships and skills that will lead to more pro-social behavior. The pilot attempts to take a strengths-based approach to children and youth who are accused of stealing to help them develop the skills that would allow them to avoid doing so again.
- Develop shared vision, outcomes, measures and principles of practice by collaborating with community organizations.

This recommendation for the Theft 3 and Mall Safety Pilot Project was formally approved by the Juvenile Justice Steering Committee and referred to *Best Starts for Kids* as a project under the strategy area of Stopping the School to Prison Pipeline.

Section VII COMMUNITIES OF OPPORTUNITY

This section of the implementation plan addresses:

- Working Toward Equity Through Communities of Opportunity
- The Communities of Opportunity Approach
- Results
- COO Theory of Change: Three Interlocking Elements
- COO Paradigm
- COO as Part of Best Starts for Kids Levy
- COO/BSK Investment Strategies
- Balancing COO/BSK Investment Strategies
- Management of COO/BSK Funds

WORKING TOWARD EQUITY THROUGH COMMUNITIES OF OPPORTUNITY

Significant numbers of people in the County are being left behind as demographics shift, and the region now experiences some of the greatest inequities among large US metropolitan areas. For example, life expectancy ranges from 74 years in the lowest 10 percent of census tracts to 87 years in the highest 10 percent of census tracts; frequent mental distress ranges from 14 percent to four percent; and income below 200 percent of poverty ranges from 54 percent to six percent. In addition to these inequities, sharp increases in housing costs in the Seattle metropolitan area continue to put many communities and long-time residents at risk for displacement.

Lack of opportunities, instability and displacement of children, youth and families reduce their chances of having healthy and prosperous lives. The environment where a child, youth or young adult is raised is a strong contributor to their ability to thrive and reach their full potential.

Low-income people and people of color have borne a disproportionate share of the burden of under-invested neighborhoods in the last 20 years. As the diversity of our region's population grows, full inclusion is necessary to achieve shared prosperity. Meaningful inclusion must address the needs and harness the assets, talents and potential of rapidly growing diverse populations/communities so that they are full partners in building our region's future.

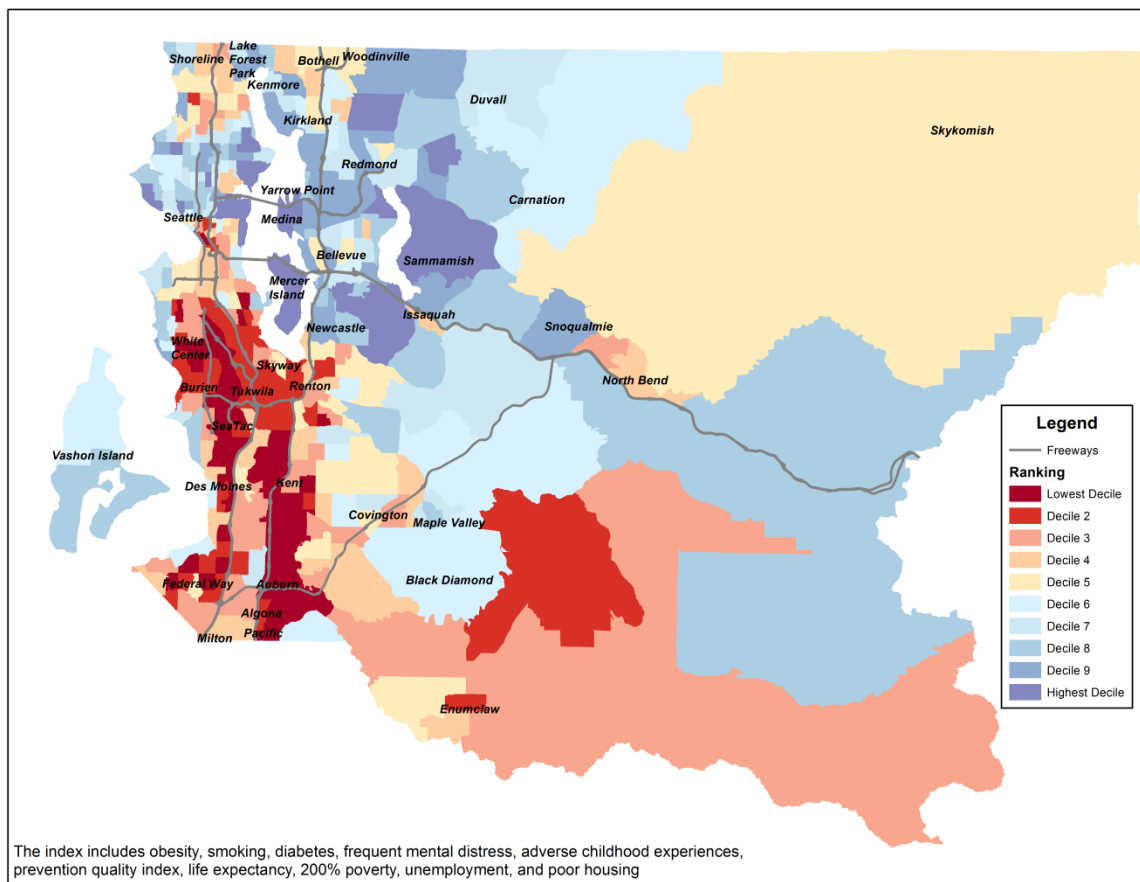
Investing in strategies that address inequities in communities and systems is preventive work and will start us on a path that leads to an increase in opportunities and ability to thrive, and a reduction in costly crisis services. When opportunities are available for all people to reach their full potential, the entire population of King County will benefit. These are the major tenets of King County's Health and Human Services Transformation.

THE COMMUNITIES OF OPPORTUNITY APPROACH

Communities of Opportunity (COO) was launched by King County and the Seattle Foundation in 2014 to address the inequities in health, social, racial, housing, and economic outcomes that exist across the region so that communities with the most to gain can thrive, on the evidence that gains made in those communities will benefit the economic and social engine of the entire region. COO focuses on both solutions that are geographic and cultural community-based and those which address policy and system change, because equitable policies are a critical component in building sustainable, healthy communities across the county.

Equity and social justice underlie the vision and the approach for Communities of Opportunity. COO is one actionable response to the health and social disparities which are increasing in our region. While average measures of quality of life, social, and health factors in King County are among the highest in the country, these averages mask stark differences by place, income and race.

Index of Health & Well-Being Measures in King County



A central tenet of COO is that place and policies matter. “It starts with the metropolitan areas, the regional economies that cut across city and suburban lines and drive the national economy. Place intersects with core policy issues central to the long-term health and stability of metropolitan areas and to the economic success of individuals and families - things like housing, transportation, economic and workforce development, and the provision of education, health, and other basic services.” (Kneebone and Berube, *Confronting Suburban Poverty in America*).

Another tenet of COO is that community partners have a vitally important role in shaping and owning solutions. Given that top down and disconnected efforts of the past have not reaped the hoped-for results, *the COO approach is to adopt a new paradigm where community voice and leadership are highly valued and central to the work, where co-design with community is standard practice and where connections are strengthened across sectors and the content areas of health, housing, economic prosperity, and community connection.*

RESULTS

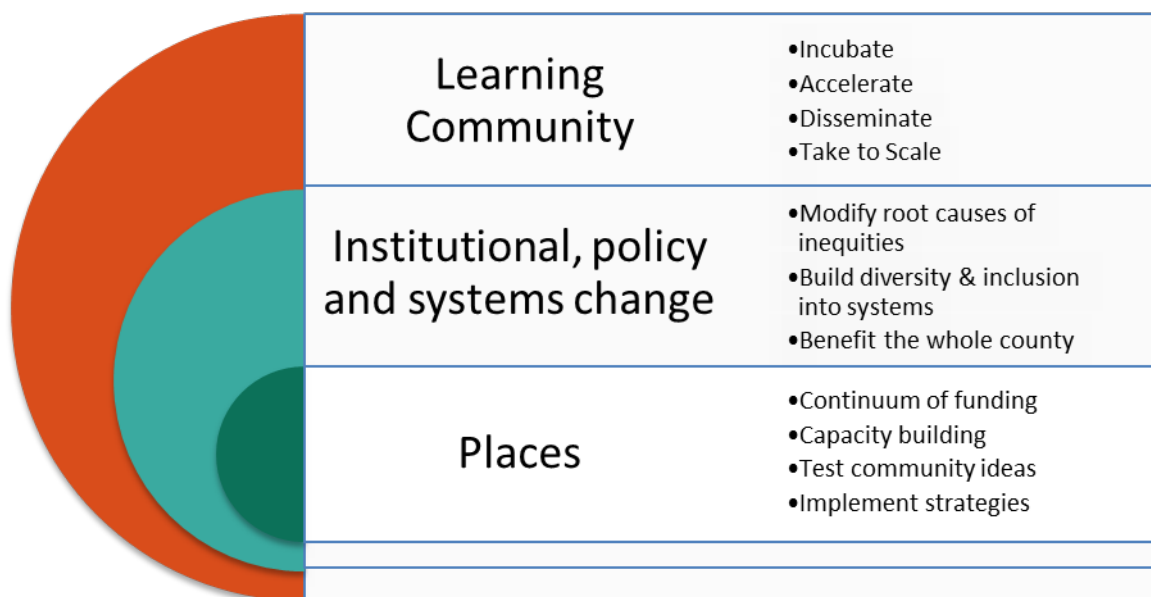
Communities of Opportunity is one of the key ways that BSK will achieve community outcomes, which, as defined in the BSK ordinance, include decreasing disparities in health and well-being among different areas within King County, and improving quality of life in the communities with the most to gain. COO will help BSK achieve all of its results, but particularly:

Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live or of their race/ethnicity.

The following four results areas are specific to the COO work:

- All people thrive economically.
- All people are connected to community and have a voice.
- All people have quality, affordable housing.
- All people are healthy.

COO THEORY OF CHANGE: THREE INTERLOCKING ELEMENTS



PLACE. COO’s theory of change is responsive to the unacceptable patterns of inequitable health and well-being outcomes across our region. The COO core map, which ranks an index of ten population level health and well-being measures across the County, guides our work. Through COO, we intend to close the gap in equity outcomes so that all King County residents, regardless of where they live, and regardless of their race, will thrive in place and live long lives at optimal health.

POLICY. To make sustainable positive change over time, the COO theory of change is that both place-based work and investments, and institutional, system and policy (ISP) change work and investments, must occur simultaneously with shared accountability for results across partners. If they do not, ISP barriers will allow place-based inequities to continue.

LEARNING COMMUNITY. The third component of COO is a learning community or community of shared practice. The learning community will create greater momentum for change at the regional level with multiple partners, increasing the scale and impact on places, cultural communities and the relevant institutions and systems.

COO PARADIGM

COO leaders, partners and staff acknowledge that working on poverty and equity issues is not new, however, the way that COO is approaching the work (the “how” of the work) is what is new and transformative. A central tenet of COO is to align community-driven solutions that emerge through a co-design process with County, cities, private and philanthropic efforts through the following elements:

- **Cross Sector Leadership and Partnership.** Cross sector in COO means:
 - Different types of institutions and community organizations working together, such as government departments, philanthropy, intermediary organizations, community-based non-profit and grassroots organizations, community members and private business leaders
 - Subject matter and context experts from institutions, organizations and communities work across the content areas, including housing, health, economic development, workforce development, capital investment, community development, built environment, early learning, and community-based leadership
 - COO is built on these cross-sector partnerships lending their experience and expertise to achievement of common results, and will continue to expand the reach of this work in the region in the coming years

- **Collective Impact.** Collective impact is a data-driven process for addressing complex societal issues in order to move a cross-sector partnership to make bold and substantial positive change. In COO, collective impact is operationalized by the cross-sector partners working together to share:
 - A common vision for change
 - A shared agenda for collecting data and for measuring common results consistently
 - A commitment to hold each other accountable, engage in open communication to build trust, and engage in mutually reinforcing activities
 - Agreement to ensure community voice is heard and integrated into the work
 - Agreement to provide adequate backbone support for the work at the initiative and community levels

- **Co-design.** Co-design means that institutions/funders administering a program work side by side with leaders and people in the communities that are most impacted. Co-design is structured to promote community ownership of solutions that emerge from the process, recognizing that direct stakeholders' interests are integral to the design process. Examples of the co-design work in COO include:
 - Inclusion of well-informed representatives of communities directly affected by inequities in the design committee and the governance table
 - Use of co-design in constructing the COO Results Based Accountability framework with the community-owned tables at the place-based sites, and with the COO governance table
 - Community member involvement in the governance table to ensure community voice, culturally competency and ongoing communication with affected populations
 - Creation of more user-friendly and less burdensome application processes for community-based organizations
 - Transparency in all processes and in reporting progress

- **Innovation Culture.** COO fosters an innovation culture through working relationships and partnerships. In an innovation culture, members:
 - Are open to new information, ideas and ways of defining complex problems.
 - Are open to developing multiple interpretations of the source of complex problems and multiple ways to solve complex problems.
 - Treat identified solutions as hypotheses, test ideas designed to achieve those solutions, and compare their results with the hypotheses.
 - Recognize that there may be failures that occur in an innovation culture and, if there are no failures, the partnership is not pushing hard enough to learn.
 - Seek to continuously improve and are not satisfied until they achieve the ultimate shared goal.

- **Funding Alignment.** COO works to align community-driven solutions that emerge from place-based efforts with broader County, cities' and philanthropic priorities and initiatives in a strategic regional approach to correcting inequitable outcomes. The innovation culture within COO is producing new ideas and models for bringing leveraged financing and other resources to bear in support of COO strategies and indicators. This includes examining current funding streams across sectors for more alignment with common equity outcome goals.

- **Results Based Accountability.** Results Based Accountability (RBA) is a methodology and set of tools⁹⁴ for planning and taking action through which collective impact partnerships can measurably improve the lives of children, youth, families, adults and the community as a whole. COO has used RBA to work collectively with the place-based sites and the governance table to create a results based accountability framework for COO with headline indicator measures, strategy areas designed to "turn the curve" toward greater equity in health and well-being outcomes, and emerging strategies. The COO Results Based Accountability framework is found in Appendix 8.

- **Equity Focus.** Communities of Opportunity focuses on improving health and well-being outcomes in the 35 percent of the County with the most to gain, thereby improving the conditions of our region as a whole. The initial goal of COO is to see a seven percent improvement in health and well-being outcomes over ten years in the COO place-based sites. The seven percent improvement will be measured from current baseline indicator measures. The intent is to start in select places and build momentum to begin to close the gap in health and well-being outcomes for all communities with much to gain. Strategies and evaluation processes regarding displacement will be used to try to avoid a scenario where health and well-being outcomes improve primarily due to displacement of lower-income people and communities of color.

- **Best Practices.** While there is a growing national body of evidence beginning to emerge regarding the type of cross-sector partnership work that COO is doing at the intersections of numerous fields, and addressing complex social and system issues, we are also a testing ground at local and national levels. For this reason, COO was chosen as one of eight sites nationally to participate in the Living Cities Integration Initiative. This is also why COO was recently awarded the Housing and Urban Development Secretary's Award for Private/Public Sector Innovation on behalf of the Seattle Foundation and King County. We expect COO will be at the forefront of local and national learning about cross-sector partnerships and deep work with communities and populations most affected by inequities.

COMMUNITIES OF OPPORTUNITY AS PART OF *BEST STARTS FOR KIDS* LEVY

In 2015, Executive Constantine and King County Council identified Communities of Opportunity as an element of the *Best Starts for Kids* (BSK) Levy. As part of BSK, COO will equip the County to address community conditions that restrict opportunities for children, youth and families, including quality affordable housing, healthy food access, community voice and connection, built environment, and economic prosperity.

The BSK levy ordinance allocates 10 percent of levy proceeds (approximately \$6.5 million/year) in support of COO investments. When Levy funds are coordinated and leveraged with additional private resources pledged to COO, the total amount of annual funding is approximately \$8 million, although that may vary in a given year. Through COO, the BSK Levy will assure there is adequate infrastructure and staffing to support continued partnerships and learning within and between communities that lift up community-driven solutions to address community-identified goals.

As with all of the investments supported through BSK funding, Communities of Opportunity provides opportunities for action on two driving principles in King County: Equity and Social Justice, and Health and Human Services Transformation.

COO/BSK INVESTMENT STRATEGIES

Geographic or Cultural Community-Based Implementation Plan Investments

- **Ongoing Investments in Current Sites.** Three initial place-based sites were chosen through a COO competitive process in March 2015: Rainier Valley, SeaTac/Tukwila and White Center. Annual allocations will continue to be made through an RFP application process to support the implementation plans for priority strategies of these three sites. These sites have received a commitment of backbone resources for five years as the first community-owned or community-based partnerships to work in the COO model.
- **Competitive Investments to Expand Geographic or Cultural Communities Participating with COO.** Investments include:
 - a) *Formative stage community leadership and collective impact partnerships.* The COO learning community infrastructure will be a vehicle for awarding funding through an RFP process to build the capacity of community-led collective impact partnerships in a formative stage of development that are not one of the three initial place-based COO sites. Funds are intended to grow the capacity of such formative community partnership tables for future strategy implementation. Technical support for formative partnerships may also be provided, including learning/mentoring from COO staff, existing place based sites, intermediaries, and policy/system change grantees.
 - b) *Well-formulated community partnerships with developed strategies.* The COO learning community infrastructure will also be a vehicle for awarding funding through an RFP process to support well-developed community-owned collective impact partnerships that are geographically or culturally-based, and are not one of the three initial place-based COO sites. Such partnerships may apply for gap or leverage funding to implement well-developed strategies that were created with community partners and other partners working together in a

cross-sector collaboration towards shared outcomes that are aligned with the COO results framework.

Partnerships applying for place-based funding must be in census tracts/block groups within the 35 percent of the County with the most disparate health and well-being outcomes. Tracts/block groups with significant disparities compared to the larger sub-region in which they are located will be eligible, i.e. an area with significant disparities in health and well-being outcomes within a larger sub-region that has otherwise strong health and well-being outcomes, including rural pockets of poverty. In the case of a community-owned, culturally-based community partnership, the cultural base represented must be experiencing significantly disparate health and well-being outcomes within the 35 percent areas in King County.

- **Investments to implement common strategies and system level solutions for all COO partners.** Funding in this category will be direct funder investments in system-level funding innovations that are derived through cross-sector partnership work with the COO community partners and other sector partners. These investments may address the history of underinvestment in communities that are the focus of COO, such as community development resources, or may be investments that build diversity, equity and inclusion into the institutions, systems, business models and policies that shape our communities, environment, planning, and growth. Investments may include funding to intermediaries to implement common strategies serving COO community-based grantees. Investments will reflect the values of COO pursuant to this implementation plan and will further the COO results based accountability framework results regarding housing, health, economic prosperity and community connection.

From the initial three place-based testing sites, COO is learning that the variation between communities as to readiness to implement strategies and readiness to move specific strategies forward varies significantly. Therefore, the COO implementation plan does not continue to lock up funds for a few select communities, but also does not spread funds thinly across the entire county – funds will be focused on eligible community partnerships, either geographically or culturally-based, that fall into the bottom 35 percent of census tracts for health and well-being outcomes in the County. Funds will be awarded competitively and in substantial enough amounts to make a difference. Place- and community-based solutions and system solutions will move together through a robust learning community to erase place and race-based inequities over time.

Investments in Community Organizations and Intermediaries to Work on Institutional, System and Policy Change

COO will continue to have an RFP process for organizations of various sizes that will engage in work to build diversity, equity and inclusion into the institutions, systems, business models and policies that shape our communities, environment, planning and growth, and to affect changes that will help to reverse inequities. Grantees in this category will work under the COO Results Framework, toward the same indicators of progress and common results as the place-based sites. These grantees will also be asked to partner or collaborate with geographic and/or cultural communities where there is overlap on issues being addressed and their respective talents can be leveraged. These investments will only be made for projects appropriate for public funding.

Learning Community Investments

A learning community or community of practice will be a major element of COO to enable a movement of a broader regional community of shared interests working towards shared results. The Learning Community will be designed to foster a regional innovation culture that can take equity-based work to greater scale. The learning community vision is to:

- Share valuable tools and learnings through stronger regional relationships with other partnerships, initiatives and communities doing similar work
- Support organizations and community-based partnerships in the County desiring to begin such work or to sustain such work towards more equitable local outcomes
- Build a cohesive regional learning culture that sets bold collective goals for results, builds momentum for increased public and private support of equity strategies and solutions at the community and institutional/system levels to address such results, and makes measurable progress in eliminating disparities in health and well-being indicators over time.

In addition to geographically and culturally-based competitive investments (detailed above), the COO learning community investments will focus on regional learning and “community of practice” infrastructure in order to support participant strategies that contribute to reaching shared results pursuant to the COO Results Framework.

- **Investment in Infrastructure that Will Unite Work in Common.** A regional learning community, consisting of physical forums to convene participants and interim technical assistance and staff support, will unite grantees, projects and initiatives in the region doing similar work to address inequitable disparities in health and well-being outcomes, including:
 - COO geographic and culturally-based community grantees
 - COO grantees and others working on system and policy change projects
 - Institutions, intermediary organizations and others willing to align with COO equity goals
 - Community and culturally-based community organizations desiring to begin working in a collective impact table with partners
 - Local government departments and programs engaged in relevant cross-sector work
 - Other projects and initiatives working toward similar goals and outcomes that are funded or partially funded by other sources.

The learning community will highlight opportunities to build community leadership and cross-community connections through a robust regional platform that will: 1) develop substantive linkages in the cross-cutting areas of health, housing, community connections and economic prosperity; 2) allow participants to work, teach and learn together in an innovation culture with partner “communities of practice”; 3) provide training and sharing of measurement and evaluation tools, including data, results based accountability framework, indicators and performance measures; 4) provide other “design lab” forums for making a meaningful change in equitable outcomes for the residents of King County.

BALANCING COO/BSK INVESTMENT STRATEGIES

A COO Governance Group will also serve as the COO Best Starts for Kids Levy Advisory Board (see the Communities of Opportunity history in Appendix 9 for more information regarding governance). The duties of the COO-BSK Levy Advisory Board will be to review and make advisory recommendations to the Executive concerning the use of levy proceeds for the COO element of the BSK Levy, consistent with the council-adopted COO section of the BSK Levy Implementation Plan.

Every year the COO Governance Group/BSK Levy Advisory Board will review and analyze the private philanthropic funds available for the year, the COO-BSK funds available for the year, and the status and progress of the activities in each of the investment strategies. This review and analysis will be used to inform recommendations regarding the percentages of the COO/BSK Levy funds that will be allocated to each of the investment areas above, other than the percent for staffing and evaluation.

This will be an important role for the COO/BSK Levy Advisory Board because of the uniqueness of COO as a public-private venture. The COO Governance Group will simultaneously be making decisions regarding significant annual allocations of private philanthropic funds in the COO investment areas, and will need to be able to balance the best use of private funds, which typically have fewer restrictions, with the construct of public funds, which have some restrictions and yet also offer public contracting expertise that may be needed for projects such as housing, community development, and built environment.

MANAGEMENT OF COO/BSK FUNDS

The Department of Community and Human Services (DCHS) will administer all of the COO-BSK Levy funds within its department budget, under the oversight of the Chief Financial Officer. DCHS will coordinate with Public Health Seattle & King County (PHSKC) regarding COO-BSK Levy-funded contracts or grants for which it may be advantageous that PHSKC be the administrator.

Competitive Funding Processes for Investment Strategies

DCHS will work in collaboration with PHSKC and the Seattle Foundation, as well as with the COO-BSK Levy Advisory Board, to plan for a regular cycle of competitive funding processes to award COO-BSK levy funds through RFPs, or a similar award process, such as Letters of Interest in funding opportunities.

A review team will be appointed for COO-BSK Levy competitive award processes, with appointments made by the founding partners – King County DCHS and PHSKC, and the Seattle Foundation – considering recommendations by the COO-BSK Levy Advisory Board, and based upon the context and/or content expertise required for a particular funding process. Review processes may include a simple pre-application process through which potential respondents can learn more about the funding process and receive technical assistance. Processes may also include conducting interviews with the highest-ranked community applications, along with the review of their written application materials.

As discussed in the previous section regarding the need for real-time balancing of COO investment strategies, the combination of resources invested in COO beyond the BSK levy investments, the learning and innovation culture nature of COO in which adaptation and responsiveness to community needs is vital, and the ability for COO to catalyze other public and private resources and funding innovations

means that COO will need more flexibility than traditional funding programs of the County. Flexibility will allow COO to provide a continuum of funding approaches that meet the real time needs of interested communities, to meet community partnerships where they are starting from, and to support them in making progress.

The following general criteria guide COO competitive funding processes:

- **Criteria for Geographically or Culturally-Based Community Partnership Funding Awards.** Such funding proposals will be rated based upon application criteria, including:
 - To be eligible, communities must be geographic areas or representative of cultures within the bottom 35 percent of census tracts experiencing significant social, health and well-being inequities as highlighted in the COO map. Proposals must present projects at a manageable scale so that strategies address meaningful and achievable outcomes, in communities with clear boundaries, impacting all residents of the geographic or cultural community affected by inequities.
 - Applicant organizations or their partners must have expertise in the relevant issue(s) identified in the proposal, and their organizational mission must be strongly aligned. The lead organization must have a strong connection with the identified community and residents and articulate why they are best positioned to guide a collective impact process for the benefit of the community. Lead applicants must have a history of aligning with partners on common goals.
 - Lead organizations must propose catalytic approaches in their communities. They must identify one or two initial partners that have some resources and strengths to bring to the table to work toward shared goals for preventing and reducing inequities related to health, housing and/or economic opportunity in the identified community. All potential partners do not need to be identified. Applicants must show how COO resources could help with the alignment of existing work in the community and allow more coordinated work to be planned and developed going forward. Applicants must articulate how participation in COO could catalyze community energy and leverage additional resources that will contribute to achievement of more equitable outcomes for the community.
 - Applicants must have a history of collaboration with partners on similar efforts. Applicants must explain how core constituencies may be mobilized to work on aligned goals that affect health, housing and economic opportunity, or engaged in identifying strategies and goals. Applicants must describe approach to develop a common agenda and coordinate mutually reinforcing activities in the community.
 - Applicants must explain the community ownership driving the project, and how the lead organization and current partners reflect the community's demographics. Applicants must identify how residents most affected by inequities within the identified community will have voice, will inform, and will ultimately lead the work.
 - Applicants must be willing to use the COO Results Based Accountability framework, and be aligned with it in their work plan.
- **Eligible Uses of Geographically or Culturally-Based Community Partnership Funding includes the following:**
 - Convening a cross-sector collaborative group on a regular basis to develop and work on a shared agenda, including staffing, meeting space, food, travel and stipends

- Community engagement activities, including meetings, focus groups, surveys and other such activities that support the “backbone” of the collective impact partnership
- Shared measurement systems and data assistance; mapping assets and strengths
- Communication needs with community participants and other interested parties
- Collective impact and co-design work
- Subcontracts to partners or consultants for activities above
- **Geographically or Culturally-Based Community Partnership Funding may not be used for:**
 - Direct services or project work
 - Lobbying activities
- **Eligible Uses of Geographically or Culturally-Based Community Partnership Implementation Plan Funding include the following:**
 - Community/Neighborhood Design Plans
 - Research and Design
 - Collective impact institutional, system and policy work in a geographic place
 - Small Capital grants at or below \$200,000
 - Large Capital leverage or gap funding for projects over \$200,000
 - Projects that test or expand a preventive intervention or another intervention that addresses the community’s strategies as outlined in the adopted results based accountability framework
- **Criteria for Grant Award Processes for Organizations Working to Reduce Institutional, System and Policy Barriers to Equity in Opportunities.** These funding proposals will be rated based upon application criteria, including:
 - Applications must focus on the challenges of, and opportunities for, removing barriers in communities experiencing significant social, racial and/or economic inequities. The strongest applications will identify strategies at the intersections of health, housing, economic opportunity and/or community connections, and drive toward improvement of more than one headline indicator of the COO Results Based Accountability framework.
 - Applicants must be willing to use the COO Results Based Accountability framework, and be aligned with it in their work plan.
 - Applicants must articulate how the proposed strategy(ies) will result in specific institutional, system or policy changes that reduce barriers to equity in opportunities for places and populations most affected by inequitable outcomes, and contribute to positive change in specific indicators of health and well-being. Proposals that possess the potential to reach larger geographic areas of the County and/or larger numbers of people/places, will receive priority consideration.
 - Community engagement and leadership must figure prominently, and strategies must be informed by or led by people affected by the issue described. Applicants must have policies/plans that support recruitment for jobs in the applying organizations and/or related to the work of the application from communities affected by the issue that is the subject of the proposal.
 - Applicants must: (1) demonstrate experience in the particular issue area identified in the proposal or has lined up a partnership that together demonstrates such experience; (2) track the results of the strategy work and have the ability to modify practices based on lessons learned; (3) have the capacity to carry out the proposed strategy.

- Applicants must align with other partners on common goals that are the focus of the proposal, or established partnerships working toward such shared goals, including cross-sector and multiple issue efforts.
- Organizations that either have 501(c)(3) status or are fiscally sponsored by a 501(c)(3) organization; 501(c)(4) activities are not eligible for funding.
- **Eligible Uses of Institutional, System and Policy Barrier Funding include:**
 - General operating funds to complete the work proposed
- **Institutional, System and Policy Barrier Funding may not be used for:**
 - Direct services
 - Lobbying activities
- **Strategic System Level Investments.** These investments will be formally proposed to the COO-BSK Advisory Board through a Direct System Investment Plan. Such plans will be formulated by the COO founders, working in co-design with geographically or culturally-based community partners and other strategic partners that have a role to play in advancing innovations in systems and institutions, including financing systems. Direct System Investment Plans must be aligned with all COO values and tenets as contained in this implementation plan, and must be aligned with the COO results based accountability framework. Direct System Investment Plans will be presented to and reviewed by the COO Governance Group/COO-BSK Levy Advisory Board, for recommendation to the Executive.

Communities of Opportunity Communication with King County Council

A proposed ordinance regarding the Communities of Opportunity (COO)-BSK Levy Advisory Board, which responds to Ordinance 18220, will be transmitted to Council simultaneously with the transmittal of the BSK Levy Implementation Plan. Under Ordinance 18220 and the proposed legislation, Council and the Executive each have one direct appointment on the COO-BSK Levy Advisory Board. In addition to direct Council representation at the COO governance/advisory board table, COO will provide Council with a biennial report, leading up to the biennial budget process, on the progress of COO funding rounds, coordination with partners, and evaluation pursuant to COO process goals and the COO results based accountability framework measures.

SECTION VIII EVALUATION AND PERFORMANCE MEASUREMENT FRAMEWORK

This section of the implementation plan addresses:	<ul style="list-style-type: none"> • Overview • Methods • Reporting and Dissemination Products • Evaluation Expertise and Capacity
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OVERVIEW

This evaluation framework presents the overarching principles, framing questions and approaches that will guide the evaluation and performance measurement of *Best Starts for Kids*. As BSK strategies are refined and programs are selected over the remainder of 2016, the evaluation framework will be more fully developed, particularly with respect to program-level performance metrics and targets. The more detailed BSK Evaluation and Performance Measurement Plan will be completed by July 2017 and transmitted to King County Council, with updates as needed thereafter.

The primary purpose of evaluation and performance measurement will be to inform strategic learning and accountability.⁹⁵ **Strategic learning** refers to both the need for real-time data to inform ongoing work and to understand which strategies are effective and why. **Accountability** refers to both the need to hold entities responsible for the activities they were given funding to do and to determine if a credible case can be made that the work contributed to BSK results. This is different from evaluations designed to prove definitive causality, which may be planned for a subset of strategies.

2016: \$863,000

2017-2021
average:
\$3,270,000

Evaluation, including investments such as:

- Evaluation and performance measurement
- Data Collection
- Improving the delivery of services for children and youth

Just over \$17 million over the life of the BSK levy will support evaluation, data collection and improving the delivery of services for children and youth. This includes activities to increase capacity of community-based organizations to make data-informed decisions, and conduct evaluation and performance measurement.

Evaluation Principles

The evaluation will be carried out within these allocated resources, and will use guiding principles drawn from the [American Evaluation Association](#):

- **Systematic inquiry.** Conduct systematic, data-based inquiries.
- **Integrity.** Display honesty and integrity in the evaluation process.
- **Respect for people.** Respect the security, dignity, time, capacity, and interests of respondents and

stakeholders.

- **Cultural competence.** Recognize and respond to culturally different values and perspectives in order to produce work that is honest, accurate, respectful and valid.

BSK Results and Related Evaluation Framework

Evaluation and performance measurement will allow all BSK stakeholders to understand how/if levy investments are achieving the three BSK results:

- **Babies are born healthy and establish a strong foundation for lifelong health and well-being.**
- **King County is a place where everyone has equitable opportunities to progress through childhood safe and healthy, building academic and life skills to be thriving members of their community.**
- **Communities offer safe, welcoming, and healthy environments that help improve outcomes for all of King County's children and families, regardless of where they live.**

For the evaluation, it is important to consider how populations differ across BSK's multilevel implementation. The BSK model assumes that the combined investments will contribute to geographic population-level results, *understanding that many additional factors will also influence population results*. While investments will be made in multiple programs and systems, some may naturally group together into strategy areas. Individuals, or in some cases, geographic populations served by strategy areas, are expected to benefit. At the program level, the beneficiaries are expected to be individuals, defined as those directly served by or exposed to the program or strategy.

METHODS

The evaluation will draw from both qualitative and quantitative methods. As appropriate, the evaluation may include case study, longitudinal cohort, cross-sectional, pre-post, and/or quasi-experimental designs. Using a participatory approach⁹⁶, the data and evaluation team will work closely with BSK leadership, staff, and an evaluation advisory group, which will comprise stakeholders such as the Children Youth Advisory Board, Science and Research Panel, and BSK partners and stakeholders, to optimize performance monitoring and evaluation. For example:

- Prioritize evaluation questions within allocated resources
- Develop logic models, indicators, performance measures and/or data collection protocols
- Review findings
- Develop dissemination materials.

Sample Evaluation Questions

The BSK evaluation is conceptualized to answer process and impact questions at three levels. Examples of questions include:

- At the **population level**, what was the combined impact of BSK investments on population-level indicators of health and well-being? Did BSK contribute toward equity at the population level? What improvements in services, systems, social and physical environments did BSK investments contribute to? Looking across the BSK portfolio, what were lessons learned about barriers and contributors to success?

- Similarly, for each **strategy area** of investment, what improvements in health and well-being were experienced by relevant populations or individuals served within a strategy area? What improvements were made in relevant services, systems, and environments?
- At the **program level**, what improvements in health and well-being did individuals⁹⁷ experience? What improvements were made in how well and how many clients were served?

Population-Level Evaluation

Using a serial cross-sectional design, the population-level analyses will compare population-level indicators over time, and by demographic characteristics such as age, gender, race, place and income. Measures will use data from population-based surveys and sources including, but not limited to:

- Washington State Department of Health (birth and death records)
- Office of the Superintendent of Public Instruction
- Washington State Department of Social and Health Services, Children's Administration
- Washington State Healthy Youth Survey, (a biennial survey of grades 6, 8, 10, and 12)
- Behavioral Risk Factor Surveillance System (BRFSS), (a yearly survey of adults age 18 and older)
- BSK Health Survey (a new survey funded by BSK)

To track indicators among a population-based sample of King County children ages six months to 12 years, King County will implement a new BSK Health Survey this fall and repeat it every two years. Although there are strong existing data sources for children around the time of birth, and in middle and high school, there are no existing population-level data sources for children in-between those ages: toddlers, preschoolers, and elementary-aged children. Very little is known about their health status, risk factors, resiliency, family/community supports or childcare arrangements. These are the very things that BSK is working to strengthen.

The new BSK Health Survey will fill this data gap and provide information to inform activities and track population-level indicators among these children. Questions will be answered by a knowledgeable adult in the household. Questions will cover the areas of demographics, overall health, child and family resiliency, breastfeeding, use of preventive health care services, experience with health care providers, child development, physical activity and obesity, childcare arrangements, and family and community supports.

Population Indicators and Performance Measures

BSK will *contribute* to improving population indicators (for example, on-time high school graduation). BSK is *accountable* for performance (e.g. how much, how well, is anyone better off) of BSK strategies. **Population indicators** are about a population (for example, young adults in King County). **Performance measures** are about individuals who are directly served by the program.

A full description of the indicators is included in Section II of this implementation plan. A full explanation of the technical definitions for the headline indicators, and a list of example secondary, supporting indicators are included in Appendix 1.

Strategy Area and Program-Level Evaluation

Following the population-level approach, each strategy area will compare population-level indicators identified for each group. Strategy areas may also include evaluations to learn what impact was experienced by individuals. Qualitative evaluation methods will be used to provide complementary information to help gain in-depth understanding of impacts and results on specific communities where reliable statistical estimates are not available because of small sample size.

All programs will have performance metrics to track progress toward implementation milestones:

- *How much was done?* Such as people served or, staff trained.
- *How well was it done?* Such as improved access, timeliness or appropriateness of service.
- *Is anyone better off?* Such as improved health and well-being.

These metrics will inform continuous quality improvement efforts throughout the life of the BSK Levy.

Performance measures will be determined in the development of RFP's or specific project level funding approaches. Performance measures and feasible data collection methods will be identified and developed for each program and incorporated into contracts. Performance measures, including targets and measures incorporated within contracts, will be reviewed on a pre-determined (such as annual) basis over the life of the levy.

Measuring Policy, Systems and Environmental Change

We will consider a process evaluation to detail policy and system impacts, and lessons learned, about implementation of overall strategies. The process evaluation will describe the broader context in which BSK occurs. Where feasible, we may estimate the reach and magnitude of each policy, system or environmental change to describe the estimated impact at community and county levels.

Evaluation of the cumulative effect of multiple BSK interventions will be challenging. We may investigate the degree to which BSK interventions are coordinated and mutually reinforcing, producing an effect beyond the impact of each strategy. The evaluation may include interviews of key informants about the degree to which other BSK interventions positively impacted their work to capture synergies, and their impressions of changes at the community level.

Candidates for More Extensive Evaluation

There is a continuum of evaluation strategies that range from simply verifying that something happened, to comparing intervention results with a statistically valid control group to ascertain causality⁹⁸. BSK will deploy a number of programs that already have an existing evidence basis. To the extent this can be done, the evaluation can be simplified. As the causal connection between the program and expected results has already been demonstrated, the evaluation can use contract or performance monitoring to focus on measuring the quantity of BSK funded services and their results.

BSK will also implement strategies based on emerging best-practices. This may include situations where a proven program/best practice must be substantially modified in order to be tailored to specific populations served by BSK. In these cases, a program can be designed that incorporates elements and practices that are found in similar proven programs. Evaluation of these programs will emphasize ongoing monitoring and early feedback so that any necessary changes can take place in a timely manner. Short-term results will be identified that demonstrate that the longer-term desired outcomes

are likely to be reached. This supplemental, formative type of evaluation will help ensure that the program is functioning as intended.

BSK may also invest in innovative strategies, which may call for more rigorous evaluation to show causal effect as well as lessons learned. Examples of rigorous evaluation may include case control or quasi-experimental designs that include resource intensive data collection. The data and evaluation team will work with the evaluation advisory group to develop and apply a set of criteria for identifying candidate projects that are high priority for rigorous evaluation. Considerations may include:

- Potential for having a big reach related to health equity
- Implementation in new settings or with new populations
- Likelihood of seeing immediate change in indicators of well-being or healthy environments
- Filling a gap in the evidence base
- Having sustainable sources of data to be able track change over time

Engagement with Key Stakeholders

The data and evaluation team will work closely with BSK leadership, staff and an evaluation advisory group, which will comprise stakeholders such as the Children Youth Advisory Board, Science and Research Panel, and BSK partners and stakeholders. The data and evaluation team will meet monthly with BSK implementation leads to review evaluation progress. The team will also provide updates to stakeholders, including the Children and Youth Advisory Board, the Science and Research Panel, community partners, Council, and the public. As opportunities arise, the data and evaluation team will partner with external evaluators to seek additional resources or expand capacity for evaluation. The data and evaluation team will also explore opportunities for sharing data with community partners.

Evaluation Timelines

BSK strategies and programs will begin at different times and reach their respective conclusions on different schedules. Data may be readily available or may require system upgrades before it is accessible. Evaluation timelines will accommodate these considerations:

- When the program will start, or when BSK funds become effective
- Time needed until each indicator can be measured
- Point at which a sufficient number of individuals have reached the outcome to generate a statistically reliable result
- When indicator data will be available
- When baseline data will be available, if needed
- Time needed for data collection, analyses and interpretation of qualitative data
- Contractual requirements for reporting process and results data.

REPORTING AND DISSEMINATION PRODUCTS

The following reports and information dissemination methods are anticipated for the levy.

- **First Report to Council.** By one year after the effective date of the ordinance approving this implementation plan, the Executive will submit to the King County Council the first annual report

describing the programs funded and outcomes for the children, youth, families and young adults served.

- **Annual Performance Evaluation Reports.** Performance Evaluation Reports will be drafted and submitted to the Council annually, with the first report using data from calendar year 2017 and submitted by July 2018. These reports will provide data on the performance of levy-funded activities, including progress toward meeting overall levy goals and strategies, performance metrics, lessons learned, and strategies for continuous improvement.
- **Dashboards.** Evaluation staff will develop dashboards that reflect key indicators of population results that communicate results quickly and visually. These dashboards will be web-based and accessible to stakeholders and the community. We will disaggregate indicators by race, ethnicity and other key demographic characteristics. The dashboards for BSK investments, including a dashboard specific to Communities of Opportunity, are included in Appendices 10 and 11.
- **Progress Reports.** Narrative mid-term progress reports will also be submitted during the first two years of the levy and may be continued as needed. Progress reports will detail how funds are being allocated, the status of strategy and program implementation, design or policy changes, and challenges. The reports will be meant to inform and support programs and will point to any needs for mid-course strategy or program modifications.
- **Other Products.** The data and evaluation team will work with the communications team and community partners to identify meaningful products for stakeholders, such as success stories. Success stories may describe the strategy, stakeholders' roles, reach, impact, critical incidents, key decision points, and lessons learned. Ad hoc products such as infographs and technical assistance related to data or evaluation findings for stakeholder presentations will also be considered.

EVALUATION EXPERIENCE AND CAPACITY

The data and evaluation team is a multidisciplinary group that includes masters- and doctorate-level epidemiologists, social research scientists, demographers and staff from Public Health-Seattle & King County, King County Department of Community and Human Services and King County Performance, Strategy and Budget Office. They are nationally known for their data analyses and evaluation expertise of large-scale community initiatives and have a strong record of using participatory approaches in designing and implementing evaluations. Together, they bring requisite quantitative and qualitative expertise including use of population and program data and systematic analysis of qualitative data.

SECTION IX JUNIOR TAXING DISTRICT LEVY PRORATIONING

This section of the implementation plan addresses:

- Background
- *Best Starts for Kids* Ordinance
- Prorating Impact of Best Starts for Kids Levy

BACKGROUND

Many jurisdictions in Washington state are authorized to levy property taxes, which require residents of that jurisdiction to pay taxes based on the assessed value (AV) of their property. Each taxing district is authorized to levy a property tax under a specific section of the Revised Code of Washington (RCW) that provides authorization and provides a limit on the rate that the type of jurisdiction may charge. In addition to these jurisdiction-specific authorizations, there are two RCWs that are relevant to this section of the implementation plan:

1. *RCW 84.52.043 Limitations upon regular property tax levies.* This RCW states that the aggregate level of junior taxing districts⁹⁹ and senior taxing districts, other than the state, may not exceed \$5.90 per thousand dollars of AV.
2. *RCW 84.52.010 Taxes levied or voted in specific amounts – Effect of constitutional and statutory limitations.* This RCW outlines a methodology for reducing the tax rate of taxing districts when the aggregate rate for jurisdictions (other than the state) is higher than the \$5.90 limit required by RCW 84.52.043. The effect of this RCW is *prorating* (reduction) of junior taxing districts' rates until the aggregate level falls below the \$5.90 limit.

Property tax levy prorating occurs because taxing districts, have the individual taxing authority to levy rates that, when combined, add to more than the aggregate property tax limit of \$5.90 per thousand dollars of AV. When a senior taxing district, such as King County, levies a new or increased property tax, it can result in more junior taxing districts having their levies prorated to a lower rate, and therefore receiving less revenue.

The hierarchy of taxing districts defined in RCW 84.52.010 creates a distinct order of operations for which jurisdictions have their rates prorated when aggregate levels go above the \$5.90 limit. This methodology is used by the Department of Assessments to certify levy rates that meet legal requirements each year.

BEST STARTS FOR KIDS ORDINANCE

King County Ordinance 18088 identifies that BSK levy revenue can be used for eligible services provided by junior taxing districts, to the extent the district is prorated, in two circumstances:

1. Ordinance 18088, Section 5, subsection C.4.c, states that “an amount equal to the lost revenues to the metropolitan park districts resulting from prorating as mandated by RCW 84.052.010, up to

one million dollars, shall be provided to those metropolitan park districts if authorized by the county council by ordinance” for services that are eligible expenditures.

2. Ordinance 18088, Section 5, subsection C.4.d states that eligible expenditures “provided by fire districts in an amount equal to the lost revenues to the fire districts in King County resulting from prorationing, as mandated by RCW 84.52.010, for those services, to the extent the prorationing was caused solely by this levy and if authorized by the county council by ordinance”.

Therefore, each year after the King County Department of Assessments certifies levy rates, the County will calculate the extent to which metropolitan park districts and fire districts are prorated due to the BSK Levy. Eligible services for BSK funding include services that improve health and well-being outcomes of children and youth, as well as the families and the communities in which they live.

PRORATIONING IMPACT OF BEST STARTS FOR KIDS LEVY

Known Impacts of Prorationing for 2016

For 2016, the BSK Levy has caused prorationing for two metropolitan park districts and no fire districts:

- Si View Metropolitan Park District: Levy rate was prorated, with a 2016 revenue impact of \$316,421.
- Fall City Metropolitan Park District: Levy rate was prorated, with a 2016 revenue impact of \$114,558.

Si View Metropolitan Park District

King County staff worked directly with the Si View Metropolitan Park District to communicate the impact of prorationing on their district in 2016 and to gather ideas for eligible services that BSK could fund. The result was that the District submitted a plan for eligible services totaling their 2016 prorated amount:

Programs	Budget
Youth Programs	\$175,613.22
Before and Afterschool Program	
Day Camps	
Parent’s Night Out	
Teen Programs/Teen Night	
Cultural Programs	\$30,339.28
Youth Dance Programs	
Art Programs	
Youth Sports Programs	\$110,468.50
Contract Classes	
Basketball Leagues	
Wrestling	
Track	
Skyhawks Camps	
Other Youth Sports Programs	
TOTAL	\$316,421.00

The County will contract with Si View Metropolitan Park District for the 2016 amounts for these services. Contracts will be administered through DCHS like all other BSK contracts.

Fall City Metropolitan Park District

Although Fall City Metropolitan Park District had its revenue reduced by \$114,558 in 2016 due to prorationing, the District does not currently provide any programs or services that fit the eligibility parameters for BSK funding as outlined in Ordinance 18088. The County will continue to work with Fall City Metropolitan Park District each year to communicate its revenue loss due to prorationing and discuss if there are any eligible services that can be funded, up to the total amount the district is prorationed over the life of the levy, regardless of when services begin.

Planning for Future Prorationing Impacts

In coordination with the King County Office of Performance, Strategy and Budget; Office of Economic and Financial Analysis; and King County Council Staff, the County has modeled estimated prorationing by taxing district over the life of the BSK levy. Actual impacts will not be known until levy rates are certified by Assessments each year.

The *Best Starts for Kids* Implementation Plan takes into account the estimated future years of prorationing in its financial assumptions:

- For metropolitan parks districts, estimated prorationing totals about \$850,000 over the life of the levy, which is about \$150,000 less than the cap of \$1,000,000 identified in Ordinance 18088. King County will work with metropolitan parks districts impacted by prorationing on an ongoing basis to identify programs that fit within the BSK strategies to receive this funding, as needed. The BSK financial plan reserves \$1,000,000 over the life of the levy for eligible parks district services to ensure it can meet the intention of Ordinance 18088.
- For fire districts, no prorationing impacts are estimated. If changing economic conditions result in prorationing of these districts, the County will, in a process similar to that with parks districts, reach out to impacted districts to identify eligible services and determine the level of BSK funding that would be appropriate. The BSK financial plan reserves \$270,000 for potential fire district expenditures.

Section X ENDNOTES

¹ <http://www.kingcounty.gov/elected/executive/equity-social-justice/strategic-plan.aspx>

² King County Ordinance 18088, July 22, 2015. 292-304

³ Results Based Accountability (RBA) is a methodology and set of tools for planning and taking action through which collective impact partnerships can measurably improve the lives of children, youth, families, adults and the community as a whole. RBA users are guided through a data driven decision making process that starts with the end results the partners desire to reach, and then works backwards to develop strategies for action that are intended to solve community challenges and yield the desired results over time.

⁴ KING COUNTY Signature Report, July 22, 2015, Ordinance 18088. Section 5.C.1., 2. and 4

⁵ Communities of Opportunities (COO), discussed in Section VII, was developed in 2013 as a result of this King County commitment.

⁶ <http://www.kingcounty.gov/council/issues/YouthActionPlan.aspx>

⁷ King County Ordinance 18088, July 22, 2015. 183-185

⁸ Youth Action Plan, Recommendation Area 5 – Get Smart About Data: “The results we truly hope to see as a result of our investments in children and youth are not being measured. The Task Force learned that the County does not have shared identified outcomes or outcome measures for children and youth services and programs in its departments and agencies. These recommendations call for a comprehensive, countywide approach to data and outcome metrics for children and youth. It is crucial that King County strategically identify and invest in collecting the right data and use it to inform decisions. The recommendations in this area strongly align with King County’s commitment to the Lean approach.”

⁹ <http://heckmanequation.org/content/resource/investing-our-children-great-returns>

¹⁰ <http://heckmanequation.org/content/white-house-summit-early-education>

¹¹ Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children*, 1995

¹² Annie E. Casey Foundation, 2012; Lesnick J, Goerge RM, Smithgall C, Gwynne J. Chicago: Chapin Hall at the University of Chicago, 2010

¹³ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. *Issues in Science and Technology*, 26 (1).

¹⁴ <http://ilabs.washington.edu/i-labs-faq>

¹⁵ Cari McCarty, Ph.D., Seattle Children’s Hospital/University of Washington, Citing from “The behavioral neuroscience of adolescence”, W. W. Norton & Company, New York. 2010, and the Journal “Developmental Cognitive Neuroscience” published in February of 2016.

¹⁶ Dr. Christopher Kuzawa, <http://www.ipr.northwestern.edu/faculty-experts/fellows/kuzawa.html>

¹⁷ Centers for Disease Control and Prevention (CDC) Anda and Brown (2010); Felitti (2002)

¹⁸ Blodgett C., Harrington R., Research Brief: *Adverse Childhood Experience and Developmental Risk in Elementary School Children*.

¹⁹ Director, Center on the Developing Child, Harvard University

²⁰ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.

<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

²¹ Center for the Study of Social Policy, Strengthening Families – A Protective Factors Framework

²² Developmental Service Group, 2015. Administration for Children, Youth and Families

²³ Dr. Jack Shonkoff, Director, Center on the Developing Child, Harvard University.

<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

²⁴ *ibid*

²⁵ *ibid*

²⁶ Conversations also addressed other community needs and processes, including the upcoming MIDD renewal, and the recently completed Youth Action Plan.

²⁷ The national Help Me Grow movement supports states and municipalities to build systems of support to reach families in a variety of ways. Washington’s statewide Help Me Grow partnership is focused primarily on developmental screenings. HMG in Washington supports pediatric primary care providers as the best place to

complete and interpret a developmental screen and provide family-centered, comprehensive and coordinated care. To reach all children and identify developmental challenges early, community partners including early care and education providers, child care providers, schools and home visitors provide valuable help. They screen children who are being missed and connect them with a medical home for follow-up, further evaluation, and referral to responsive services. These screens also help parents and providers adjust their interactions and activities to promote optimal health and development of children at risk, even when no medical follow-up is necessary. <http://www.helpmegrownational.org/pages/what-is-hmg/what-is-help-me-grow.php>
<http://helpmegrowwa.org/>

²⁸ These components are based on both the national Help Me Grow model and the Washington Help Me Grow partnership, tailored to reflect the comprehensive focus of BSK's Help Me Grow model.

²⁹ Heckman, James J. and Stefano Mosso. "The Economics of Human Development and Social Mobility." Annual Review of Economics 6.1 (2014): 689-733.

³⁰ Some municipalities across the country have implemented universal home visiting programs. One example is the Durham Connects program in Durham, North Carolina. <http://www.durhamconnects.org/>

³¹ As defined by the Federal Maternal Infant Child Home Visiting (MIECHV) program in the Health and Human Services Department.

³² Research proves that there is no safe amount of alcohol or marijuana use during pregnancy or breastfeeding. It impacts everything from cognitive impairment, impulsive behavior, irritability, ADHD-like syndromes, small size and language impairments, and leads to early substance abuse and school failures lasting through adulthood. This is particularly emergent in Washington State where marijuana use is legal; there is the strong evidence on the impact of marijuana during pregnancy and breastfeeding. Marijuana in the fetus binds to the synapses in the brain as it is developing, impeding the correct chemicals for helping with brain development. Dr. Leslie Walker, Children's Hospital.

³³ "Health of mothers and infants by race/ethnicity. August 2015. Public Health-Seattle & King County; Assessment, Policy Development & Evaluation Unit."

³⁴ Only 65 percent of King County children ages 19-35 months received the routine series of recommended immunizations. This is the 4:3:1:3:3:1:4 series, which is four or more doses of diphtheria, tetanus, acellular pertussis (Dtap), three or more doses of polio vaccines, one measles containing vaccine, three or more doses of Haemophilus influenzae type b (Hib), three or more doses of hepatitis B (Hep B) vaccine, one or more doses of varicella vaccine, and four or more doses of pneumococcal conjugate vaccine (PCV).

³⁵ By the time they enter kindergarten, about one in three King County children has cavities (34 percent, 2010 Smile Survey) and the percentage is even higher among those who are eligible for free- or reduced-price meals.

³⁶ Unintentional injuries are the leading cause of death for people between the ages of 1-44, and the third leading cause of hospitalizations for children between the ages of 1-14.

³⁷ Asthma is the second leading cause of hospitalizations for children between the ages of 1-14. Approximately five percent of King County children are living with asthma.

³⁸ The extent of lead poisoning is not well known in King County because only 11 percent of children were tested for blood lead levels before their third birthday. However, 56 percent of homes and apartments in the County were built before 1980. In 1978, lead was banned from use in the manufacture of residential paint.

³⁹ <http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto8.pdf>

⁴⁰ <http://www.joinvroom.org/science-and-facts>

⁴¹ Crowley, A.A. 2001. Child care health consultation: An ecological model. J Society Pediatric Nursing 6:170-81.

⁴² <http://www.healthychildcare.org/WorkWithHP.html>

⁴³ <http://www.del.wa.gov/care/qris/>

⁴⁴ Shonkoff, J.P. (2009). Mobilizing Science to Revitalize Early Childhood Policy. Issues in Science and Technology, 26 (1)

⁴⁵ Bright Futures is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented that can be used to improve the health and well-being of all children through culturally-appropriate interventions that address their current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

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- ⁴⁶ Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680
- ⁴⁷ Brauner, C. B., & Stephen, B. C. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorder. *Public Health Reports*, 121, 303–310
<http://www.publichealthreports.org/issueopen.cfm?articleID=1691>
- ⁴⁸ Reflective consultation (also referred to as reflective supervision) is a form of professional development which supports various models of relationship-based programs serving infants, young children and families. The focus of reflective consultation is “the shared exploration of the emotional content of infant and family work as expressed in relationships between parents and infants, parents and practitioners, and supervisor and practitioners” (Michigan Association for Infant Mental Health, 2007). The purpose of reflective consultation is to improve program quality and strengthen professional practices so that families, infants, and young children receive quality services that support optimum growth and development (Eggbeer, Mann, & Seibel, 2007).
⁴⁹ <http://www.wa-aimh.org/about-infant-mental-health/>
- ⁵⁰ Institute of Medicine (IOM) and National Research Council (NRC) 2015 *Transforming the workforce for children birth through age 8: A unifying foundation*. Washington DC: The National Academies Press.
- ⁵¹ <http://www.reachoutandreadwa.org/>
- ⁵² Restorative Justice in Oakland Schools, 2014
<http://www.ousd.org/cms/lib07/CA01001176/Centricity/Domain/134/OUUSD-RJ%20Report%20revised%20Final.pdf>
- ⁵³ <http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>
- ⁵⁴ <http://ext100.wsu.edu/clear/about/>
- ⁵⁵ <http://rjoyoakland.org/restorative-justice/>
- ⁵⁶ ibid
- ⁵⁷ Dr. Leslie Walker, Chief, Division of Adolescent Medicine, Children’s Hospital
- ⁵⁸ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁵⁹ Banyard, V.L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, 14(9), 998–1013.
- ⁶⁰ Ackard, D.M., & Neumark-Sztainer, D. (2002). Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health. *Child Abuse and Neglect*, 26, 455–473.
- ⁶¹ Centers for Disease Control and Prevention. (2006). Physical dating violence among high school students — United States, 2003. *Morbidity and Mortality Weekly Report*, 55, 532–535. Retrieved from
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5519a3.htm>.
- ⁶² Chandra, A., Mosher, W. D., Copen, C., & Sionean, C. (2011). Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2008 National Survey of Family Growth: (Table 12 and Table 13). *National Center for Health Statistics*, 36. Retrieved, from <http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf>.
- ⁶³ Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12 — Youth Risk Behavior Surveillance, selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60(SS07). Retrieved from
<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>.
- ⁶⁴ Coker, T.R., Austin, S.B., & Schuster, M.A. (2010). The health and health care of lesbian, gay, and bisexual adolescents. *Annual Review of Public Health*, 31, 457–477.
- ⁶⁵ <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/home.html>
- ⁶⁶ Making the Case: A 2008 Fact Sheet on Children and Youth in Out-of-School Time National Institute on Out-of-School Time, Wellesley Centers for Women at Wellesley College, 2008; Outcomes Linked to High Quality Afterschool Programs D. Lowe Vandell, E. Reisner & C. Pierce, 2007.
- ⁶⁷ <http://www.schoolsoutwashington.org/UserFiles/File/Executive%20Summary%20of%20State%20Plan%202013%20-%20Print.pdf>
- ⁶⁸ ibid
- ⁶⁹ <http://www.schoolsoutwashington.org/UserFiles/File/Summer%20Learning%20Policy%20Brief%2006-11%281%29.pdf>
- ⁷⁰ http://www.schoolsoutwashington.org/1750_198/SummerLearningResources.htm

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- ⁷¹ Fairchild, R., McLaughlin, B. & Costigan, B. P. (2007, Spring). How Did You Spend Your Summer Vacation?: What Public Policies Do (and Don't Do) to Support Summer Learning Opportunities for All Youth. Afterschool Matters, Occasional Paper Series, 8
- ⁷² Durlak, Joseph, A; Weissber, Roger, P. *Afterschool Programs that Follow Evidence-Based Practices to Promote Social and Emotional Development are Effective*, A Compendium on Expanded Learning
- ⁷³ Pittman K. What's health got to do with it? Health and youth development: connecting the dots. Forum Focus. 2005;3(2):1-4.
- ⁷⁴ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. Improving the Health of Adolescents & Young Adults: A Guide for States and Communities. Atlanta, GA: 2004
- ⁷⁵ From Richard E. Kreipe, MD, FAAP, FSAM Professor of Pediatrics, University of Rochester. May 2009 presentation, Youth Development as a Public Health Policy: How to Make it Work.
- ⁷⁶ <http://www.mentoring.org/program-resources/the-center-for-evidence-based-mentoring/>
- ⁷⁷ Roberts et.al. (1999)
- ⁷⁸ Phinney (2001)
- ⁷⁹ Olneck (1995) as cited in Phinney (2001) p. 503
- ⁸⁰ The Journal of Adolescent Health. June 2003 Juszczak L, Melinkovich P, Kaplan D
- ⁸¹ Healthy Youth Survey 2014. Additional results: 18 percent had considered suicide within the past year, 14 percent made a suicide plan, 9 percent attempted suicide, 26 percent had tried marijuana, 12 percent self-identify as problem alcohol drinkers, 17 percent had driven a car after using marijuana, 5 percent had carried a weapon to school.
- ⁸² *Caring for Kids*, The Center for Health and Health Care in Schools, School of Public Health and Health Services, Graduate School of Education and Human Development, The George Washington University, Summer 2003
- ⁸³ U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Department of Health and Human Services, 2000
- ⁸⁴ Substance Abuse and Mental Health Services Administration, 2002. Report to Congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders
- ⁸⁵ *Malignant Neglect: Substance Abuse and America's Schools*, National Center on Addiction and Substance Abuse, Columbia University, September 2001
- ⁸⁶ U.S. Department of Health and Human Services, *Mental Health: A Report to the Surgeon General*, 1999
- ⁸⁷ <http://www.integration.samhsa.gov/clinical-practice/SBIRT>
- ⁸⁸ Opportunity Youth are defined as young people ages 16-24 who are not in school and not employed.
- ⁸⁹ <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-222.pdf>
- ⁹⁰ <http://www.roadmapproject.org/wp-content/uploads/2013/09/OY-infographic-final.pdf>
- ⁹¹ ibid
- ⁹² A process to lessen power differences of role and position, which relies on learning that comes from the collective wisdom, embedded in the experience and stories of all participants.
- ⁹³ King County Department of Public Defense
- ⁹⁴ RBA is trademarked and licensed by the Results Leadership Group. COO and the place-based sites are using the official licensed online tools of the Results Leadership Group.
- ⁹⁵ These concepts are discussed fully in <http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to-advocacy-evaluation-planning>
- ⁹⁶ Krieger JW, Allen C, Cheadle A, Higgins D, Schier J, Senturia K, Sullivan M. Using Community-Based Participatory Research to Address Social Determinants of Health: Lessons Learned from Seattle Partners for Healthy Communities. *Health Education and Behavior* 2002; 29:361-381.
- ⁹⁷ Individuals are defined in all discussion of evaluation as those who were directly served by or exposed to the strategy
- ⁹⁸ Rowe G. King County Veterans and Human Services Levy Evaluation Framework Working Document 2007

⁹⁹ RCW 84.52.043 defines “junior taxing districts” as including all taxing districts other than the state, counties, road districts, cities, towns, port districts and public utility districts.

Section XI APPENDICES

Appendix 1: Best Starts for Kids Indicators

BEST STARTS FOR KIDS INDICATORS

Population-based indicators are a proxy to help quantify the results. BSK will contribute to turning the curves of population-level indicators, as defined through Results Based Accountability¹. Population-based indicators area about a population, for example, young adults in King County. All headline indicators rated highly on three Results Based Accountability criteria of data power (is high quality data available on a timely basis, reliable, by geography, by race/ethnicity, by socioeconomic status?), communication power (is it easy to understand? Do people care about this measure?), and proxy power (does it say something important about the result? If this measure moves in one direction, do others follow?).

Listed below are the technical definitions and data sources for the proposed headline indicators.

HEADLINE INDICATORS – Invest Early (Prenatal – 5 Years)
<ul style="list-style-type: none">Babies with healthy birth outcomes, as measured by infant mortality and pre-term birth rates Data Source: Washington State Department of Health Infant mortality: rate of deaths in the first year of life per 1,000 live births Preterm birth: percent of births born before 37 completed weeks gestation
<ul style="list-style-type: none">Households receiving investigations for reported child abuse or neglect Data Source: Washington State Department of Social and Health Services, Children’s Administration Rate per 1,000 households with children under age 6 with child abuse or neglect reports that are investigated and assessed
<ul style="list-style-type: none">Children who are flourishing and resilient, as described by curiosity and discovery about learning, resilience, attachment with parent and contentedness Data Source: New Best Starts for Kids Health Survey Percent of children 6 months to 5 years who met these four areas:<ul style="list-style-type: none">a. This child is affectionate and tender with youb. This child bounces back quickly when things do not go his or her wayc. This child shows interest and curiosity in learning new thingsd. This child smiles and laughs a lot.This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience.
<ul style="list-style-type: none">Children who are ready for kindergarten Data Source: Washington Kindergarten Inventory of Developing Skills (WaKIDS), Office of the Superintendent of Public Instruction Percent of entering kindergartners that meet expectations at the start of kindergarten in all six domains of social-emotional, physical, language, cognitive, literacy and mathematics

HEADLINE INDICATORS – Sustain the Gain (5 – 24 Years)	
<ul style="list-style-type: none"> 3rd graders who meet reading standard 	<p>Data Source: Office of the Superintendent of Public Instruction</p> <p>Percent of 3rd graders who are at or above reading standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)</p>
<ul style="list-style-type: none"> 4th graders who meet math standard 	<p>Data Source: Office of the Superintendent of Public Instruction</p> <p>Percent of 4th graders who are at or above math standards as assessed by the Smarter Balanced Assessment (administration beginning in the 2014-2015 school year)</p>
<ul style="list-style-type: none"> Youth using illegal substances 	<p>Data Source: Washington State Healthy Youth Survey</p> <p>Percent of students in grades 8, 10, and 12 who report alcohol, marijuana, painkiller or any illicit drug use in the past 30 days.</p>
<ul style="list-style-type: none"> Youth who are flourishing and resilient, as described by curiosity and discovery about learning, resilience, and self-regulation 	<p>Data Source: New Best Starts for Kids Health Survey</p> <p>Percent of elementary-aged children who met these areas:</p> <ol style="list-style-type: none"> This child shows interest and curiosity in learning new things This child works to finish tasks he or she starts This child stays calm and in control when faced with a challenge. <p>This indicator contains multiple dimensions of physical health, mental and emotional health, caring, empathy, and resilience.</p>
<ul style="list-style-type: none"> Youth and young adults who are in excellent or very good health 	<p>Data Sources: New Best Starts for Kids Health Survey (ages 5-12 years); Washington State Healthy Youth Survey (ages 13-18 years); Behavioral Risk Factor Surveillance System (ages 18-24 years)</p> <p>Percent who report excellent or very good health status (ages 5-12, 18-24 years).</p> <p>Percent of middle and high school students who report a high quality of life based on the composite of</p> <ol style="list-style-type: none"> I feel I am getting along with my parents or guardians (0=not true at all,....10 = completely true) I look forward to the future (0=not true at all,....10 = completely true) I feel good about myself (0=not true at all,....10 = completely true) I am satisfied with the way my life is now (0=not true at all,....10 = completely true) I feel alone in my life (0=not true at all,....10 = completely true).
<ul style="list-style-type: none"> Youth who graduate from high school on-time 	<p>Data Source: Office of the Superintendent of Public Instruction</p> <p>Percent of entering 9th graders who graduate from high school within four years</p>
<ul style="list-style-type: none"> Youth and young adults in school or working 	<p>Data Source: US Census Bureau, American Community Survey</p> <p>Percent of youth and young adults ages 16-24 who are in school or working</p>
<ul style="list-style-type: none"> High school graduates who earn a college degree or career credential 	

Data Source: Office of the Superintendent of Public Instruction and the National Student Clearinghouse via ERDC.
Percent of high school graduates who complete a two- or four-year degree within six years of high school graduation

HEADLINE INDICATORS – Communities of Opportunity

- Households earning a living wage that is above 200% of poverty
Data Source: US Census Bureau, American Community Survey
Percent of people living in households with an income at or above 200% of the poverty level.
- Youth and young adults who are either in school or working
Data Source: US Census Bureau, American Community Survey
Percent of youth and young adults ages 16-24 who are in school or working
- Youth who have an adult to turn to for help
Data Source: Washington State Healthy Youth Survey
Percent of students in grades 8, 10, and 12 who report that they have an adult in their neighborhood or community they could talk to about something important
- Adults engaged in civic activities
Data source: Communities Count
Percent of adults who report community service or helping others (volunteering, mentoring or political organizing) in the past 30 days
- Renters paying less than 50 percent of their income for housing
Data Source: US Census Bureau, American Community Survey
Percent of households who rent their home and who pay less than 50% of their income for housing costs.
- Involuntary displacement of local residents
Data development needed
- Life expectancy
Data Source: Washington State Department of Health
The number of years a newborn can expect to live given current age-specific death rates. This is a measure of the overall health of the population.
- Physical activity among youth and adults
Data Source: Washington State Healthy Youth Survey (grades 8, 10, 12), Washington State Behavioral Risk Factor Surveillance System (ages 18+)
Percent that meet physical activity recommendations. For youth, the recommendation is 60 minutes every day. For adults, the recommendation is at least 2 hours and 30 minutes of moderate-intensity aerobic activity or 1 hour and 15 minutes of vigorous-intensity physical activity every week, plus muscle-strengthening activities on 2 or more days a week.

EXAMPLE SECONDARY INDICATORS

Secondary indicators are supporting indicators that describe the status of youth and young adults in King County, and for which we have data, but do not rise to the top when selecting headline indicators.

Below are some examples of secondary indicators that will be measured and presented. As time goes on and data availability changes, this list of indicators may change.

EXAMPLE SECONDARY INDICATORS – Invest Early (Prenatal – 5 Years)

- Early and adequate prenatal care
- Adverse childhood experiences
- Parental substance use
- Family violence
- Homelessness
- Parental connection and social support.

EXAMPLE SECONDARY INDICATORS – Sustain the Gain (5 – 24 Years)

- School attendance
- School suspensions and expulsions
- Self-reported grades in school
- Youth have an adult to turn to for help
- Employment and earnings
- Enrollment in post-secondary education
- Connections to community and school
- Healthy weight
- Suicide
- Family violence
- Psychiatric hospitalizations
- Homelessness.

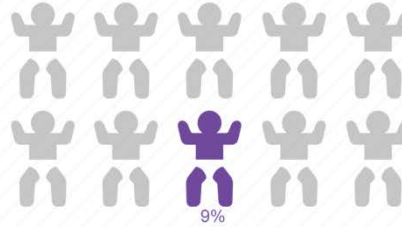
EXAMPLE SECONDARY INDICATORS – Communities of Opportunity

- Healthy blood pressure
- Students not homeless
- Employment
- Adults participating in workforce
- Adults with access to medical care and health insurance
- Food secure families
- Physical activity
- Registered to vote
- Connected to community.

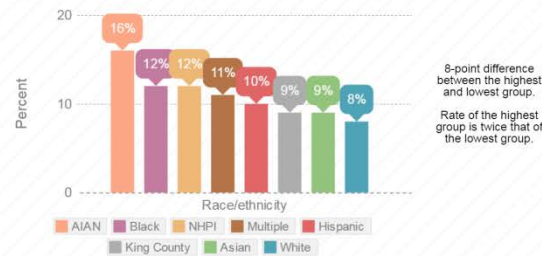
¹ Results Based Accountability (RBA) is a methodology and set of tools for planning and taking action through which collective impact partnerships can measurably improve the lives of children, youth, families, adults and the community as a whole. RBA users are guided through a data driven decision making process that starts with the end results the partners desire to reach, and then works backwards to develop strategies for action that are intended to solve community challenges and yield the desired results over time.

1 in 10 babies in King County were born preterm

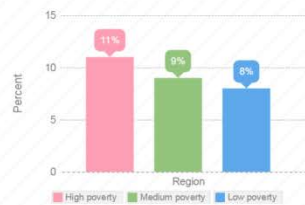
King County (2014)



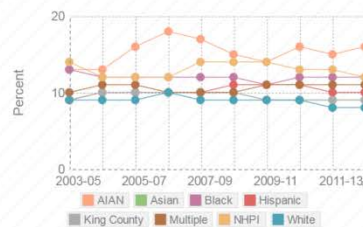
By race/ethnicity (2012-14 average)



By neighborhood poverty level (2012-14 average)



Trend by race/ethnicity, (2003-2014, 3-year rolling averages)



Trend by region, (2003-2014, 3-year rolling averages)

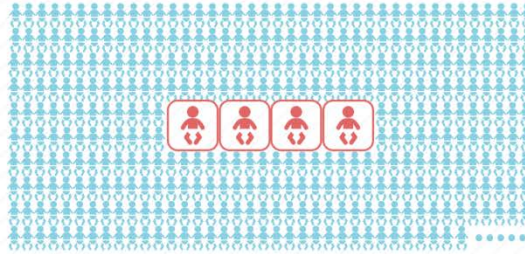


Definition: Gestational age less than 37 weeks
Data source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics

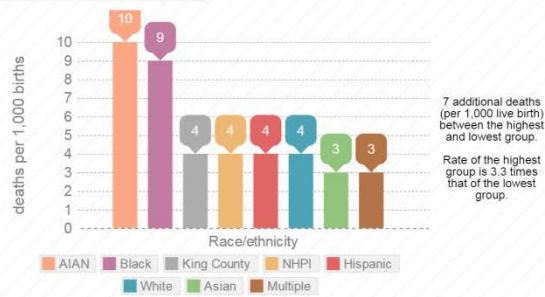
05/2016

4 out of every 1,000 babies die within one year after birth

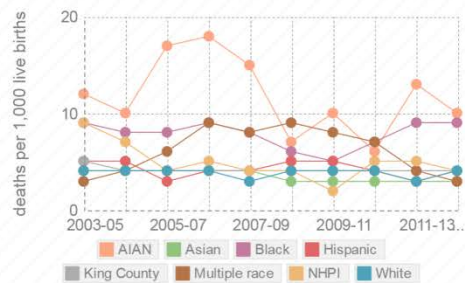
King County (2012-2014 average)



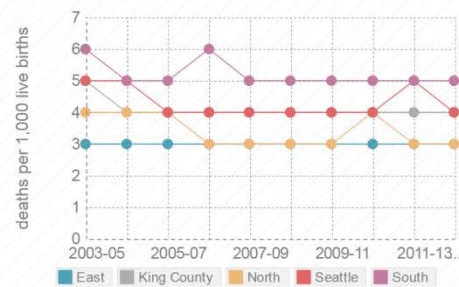
By race/ethnicity (2014)



Trend by race/ethnicity (2003-2014, 3-year rolling averages)



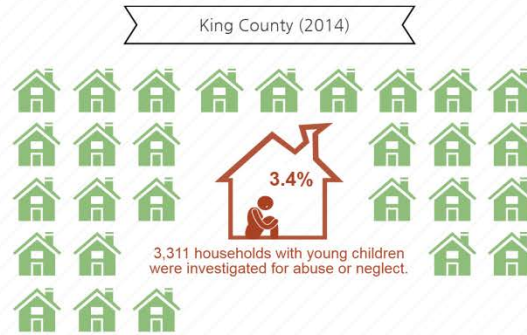
Trend by region (2003-2014, 3-year rolling averages)



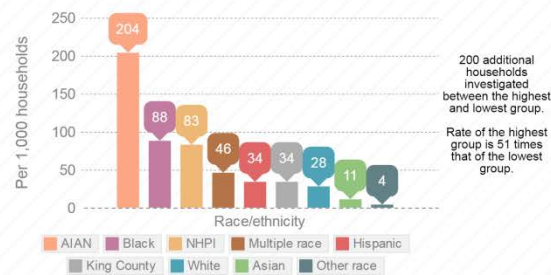
Definition: number of deaths in first year of life (per 1,000 live births)
Data source: Linked Birth-Death Certificate Data, Washington State Department of Health, Center for Health Statistics

05/2016

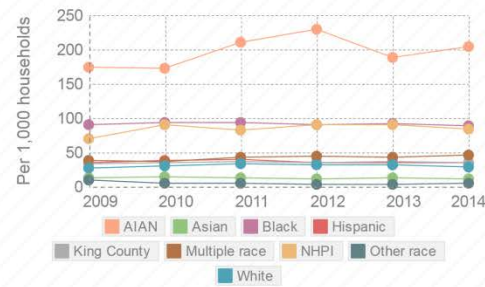
1 in 29 households with young children
were investigated for abuse or neglect



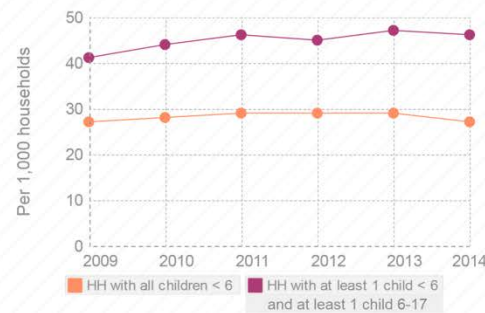
By race/ethnicity (2014)



Trend by race/ethnicity (2009-2014)



Trend by age of children (2009-2014)



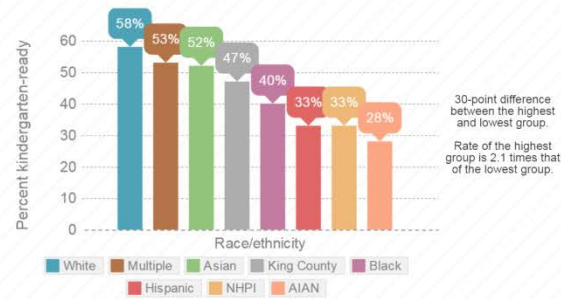
Definition: Number of households with one or more investigations or assessments (i.e., screened in reports) per 1,000 households with a child <6 years old
Data source: Partners for Our Children
05/2016

Less than half of King County children were ready for kindergarten

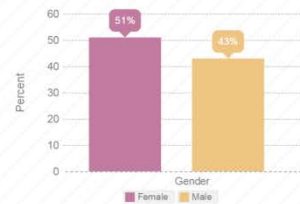
King County (2015-2016 school year)



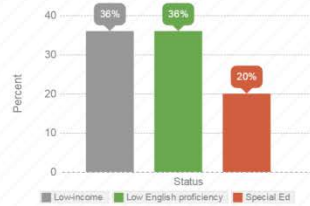
By race/ethnicity (2015-2016 school year)



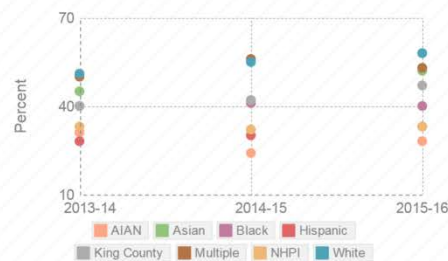
By gender (2015-2016 school year)



By status (2015-2016 school year)



Trend by race/ethnicity (2013-2016)



Definition: Meet expectations at the start of kindergarten in all 6 domains - Social-Emotional, Physical, Language, Cognitive, Literacy, Mathematics.
Data source: WA Kids, Office of the Superintendent of Public Instruction
05/2016

Successful in school, King County (2014-2015 school year)

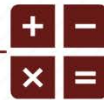
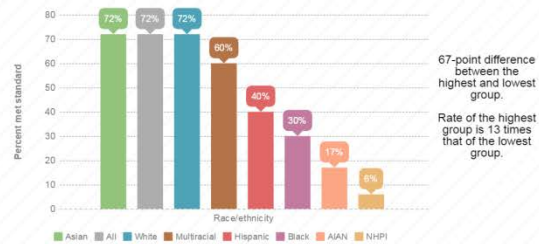


of female students in third
grade met reading standard



of male students in third
grade met reading standard

Third grade reading performance by race/ethnicity

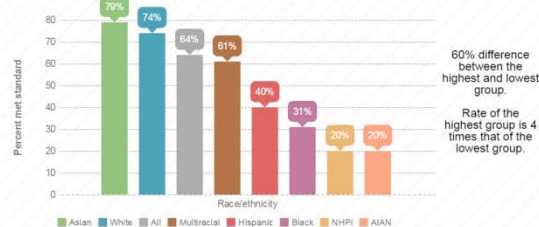


of female students in fourth
grade met math standard



of male students in fourth
grade met math standard

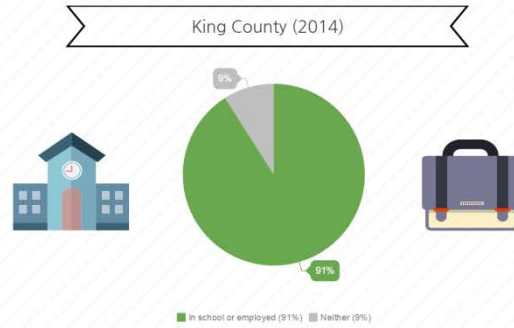
Fourth grade math performance by race/ethnicity



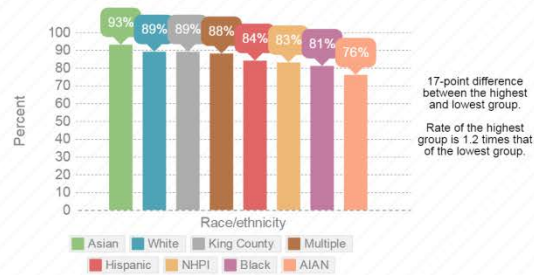
Definitions:
Percent of 4th grade students meeting or above 4th grade math level
Percent of 3rd grade students meeting or above 3rd grade reading level
Data source: Smarter Balanced Assessment (SBA), Office of the Superintendent of Public Instruction

05/2016

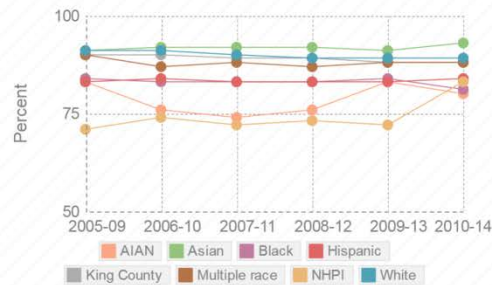
9 out of 10 King County young adults were enrolled in school or working



By race/ethnicity (2010-2014 average)



Trend by race/ethnicity (2005-2014, 5-year rolling averages)



Trend by household income (2005-2014, 5-year rolling averages)

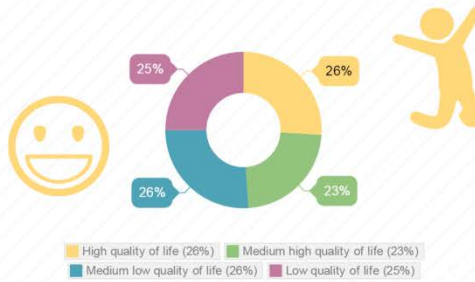


Definition: Youth and young adults between the ages of 16-24 who are in school or working
Data source: PUMS, American Community Survey, U.S. Census Bureau

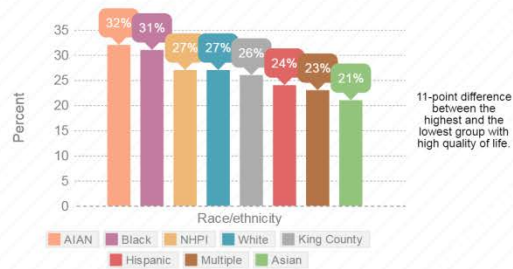
05/2016

1 in 4 youth report a high quality of life

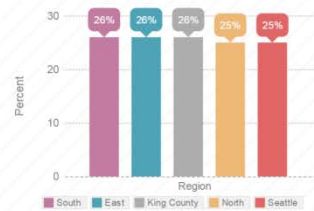
King County (2014)



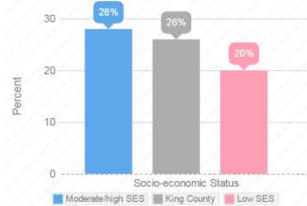
By race/ethnicity (2014)



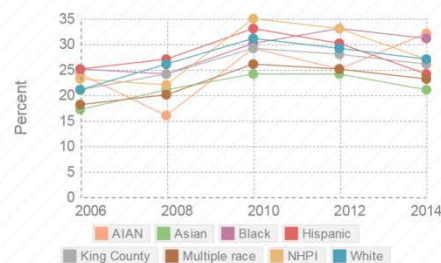
By region (2014)



By socio-economic status (2014)



Trend by race/ethnicity (2006-2014)



Definition: Youth Quality of Life is a scaled average score based on 5 items asking about satisfaction with aspects of life
 Data source: Healthy Youth Survey

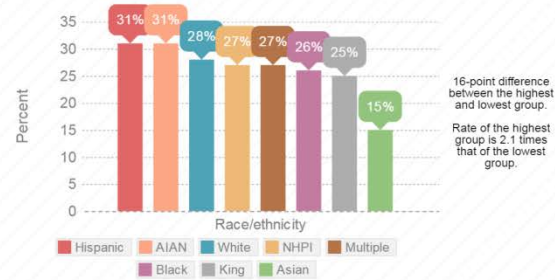
05/2016

1 in 4 school-aged children used illicit substance in King County

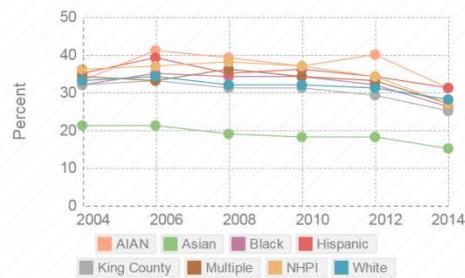
King County (2014)



By race/ethnicity (2014)



Trend by race/ethnicity (2004-2014)



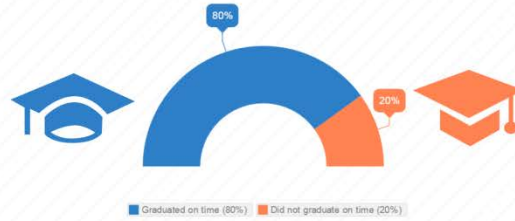
Trend by Socioeconomic status (2006-2014)



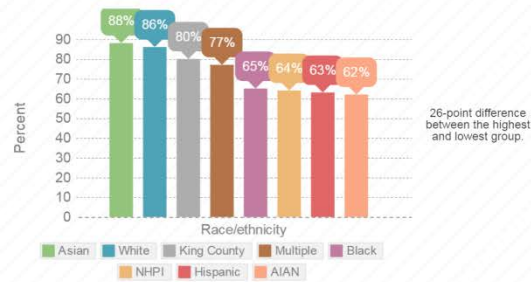
Definition: Self-reported use of alcohol, marijuana, painkiller, or any illicit drug in the past 30 days among 8th, 10th, and 12th grade students
Data source: Healthy Youth Survey, 2004-2014
05/2016

8 out of 10 students graduated on time
from high school in 2015

King County (class of 2015)



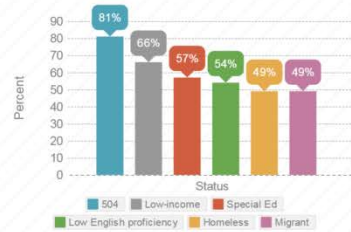
By race/ethnicity (class of 2015)



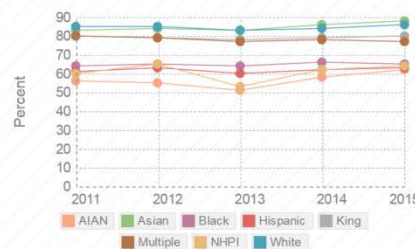
By gender (class of 2015)



By status (class of 2015)



Trend by race/ethnicity (2011-2015)

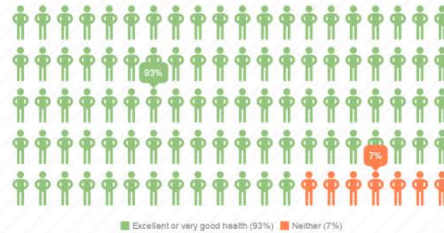


Definition: Completed high school within 4 years after starting 9th grade
Data source: Office of the Superintendent of Public Instruction

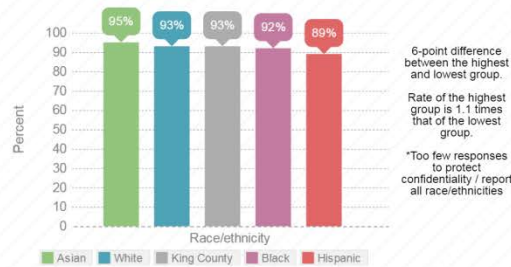
05/2016

More than 9 out 10 young adults are in excellent or very good health

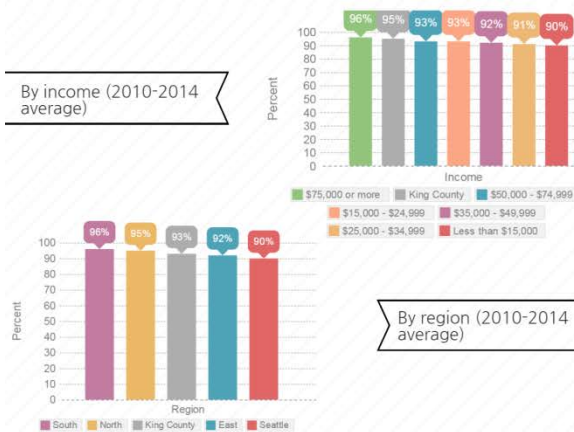
King County (2010-2014 average)



By race/ethnicity (2010-2014 average)



By income (2010-2014 average)

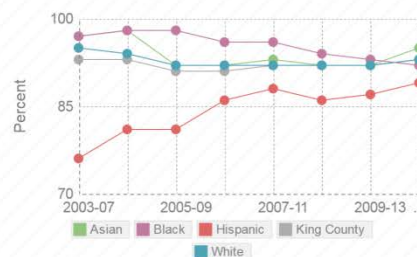


By region (2010-2014 average)

Region

South North King County East Seattle

Trend by race/ethnicity (2003-2014, 5-year rolling averages)



Definition: young adults 18-24 reporting "excellent" or "very good" health status
Data Source: Behavioral Risk Factor Surveillance System

05/2016

Children and Youth Advisory Board Members

Two-year term appointees (13 of 13 possible)

Appointments for two-year terms expire on January 31, 2018.



Benjamin Danielson is the medical director at Odessa Brown Children's Clinic. He notes that he has experience in direct provision of healthcare services to children, especially children living in lower-income households. He resides in District 2.

Leslie Dozono is an owner and consultant at Elty Consulting who lists eight years of experience focused primarily on early learning policy in Washington. She resides in District 2.

Enrica Hampton is an early learning program manager & early care and education consultant for Kinderling. She cites her education, experience working directly with young children, families, and early learning providers, among her relevant experience. She resides in District 6.

Katie Hong is the director, youth homelessness at Raikes Foundation. She cites her work on efforts to improve outcomes for at-risk children, youth, and families. She resides in District 8.

Hye-Kyung Kang is an associate professor and director of the Master of Social Work Program at Seattle University. She notes she is a minority mental health specialist (WA State) and has worked with children and youth as well as marginalized communities and NGOs. She resides in District 2.

Barbara Langdon is the executive director for LifeWire. She cites her work in the domestic violence field since 1981 as well as membership in the Interagency Council to End Homelessness among her relevant experience. She resides in District 6.

Laurie Lippold is the public policy director for Partners for Our Children. She served on the 2015 Family Homelessness Advisory Committee. She resides in District 1.

Roxana Norouzi is the director of education and integration policy at OneAmerica. She states she has worked for the past four years on equity and racial justice as it relates to education and closing the opportunity gap. She resides in District 2.

Casey Osborn-Hinman is the regional mobilization manager for Save the Children Action Network. She notes her experience working with young children and their families on the ground. She resides in District 2.

Brian Saelens is a professor and researcher at Seattle Children's Research Institute at the University of Washington. In his work, he states he identifies strategies at all levels that help children and families eat healthfully and be active. He resides in District 1.

Margaret Spearmon is the chief officer of community engagement and diversity and a senior lecturer at the University of Washington. She notes she has a demonstrated commitment to collective impact initiatives. She resides in District 1.

Calvin Watts is the superintendent of schools for the Kent School District. He states that during his career in K-12 education, he has worked to ensure that each child has the opportunity to receive high-quality instruction and experience success in college, career, and life upon graduation. He resides in District 9.

Three-year term appointees (11 of 13 possible)

Appointments for three-year terms expire on January 31, 2019.

Janis Avery is the CEO of Treehouse. She notes that as an agency executive and advocate for youth in foster care, she is attuned to the root causes of child abuse/neglect and systems involvement. She resides in District 2.

Janet Cady is the associate chief medical officer for Neighborcare Health. She states her work in public health, school-based healthcare at several Seattle schools, and school-linked health in southeast King County will provide a valuable perspective to the board. She resides in District 4.

Rochelle Clayton Strunk is the director of education programs at Encompass. She notes she is uniquely attuned to the needs of children and youth in rural King County, in particular those with disabilities and/or developmental delays. She resides in District 3.

Karen Hart is the president of Service Employees International Union, Local 925. She notes her representation of 7,000 child care providers, Head Start teachers, and early education professionals; 5,000 K-12 staff; and 7,000 public University of Washington staff among her qualifications. She resides in District 2.

Catherine Lester is the director, Human Services Department, City of Seattle. She cites her work with the City of Seattle and in Ohio and North Carolina, in the fields of mental health, juvenile justice, child welfare, family support, and neighborhood revitalization. She resides in District 8. She has been appointed as a representative for the City of Seattle.

Ed Marcuse recently retired from Seattle Children's Hospital and the University of Washington where he worked for 43 years. He notes his extensive collaboration with Public Health on a variety of child health programs. He resides in Kingston, WA (Kitsap County). Executive staff indicate that ten years ago Dr. Marcuse built a house in Kitsap County, anticipating retirement. He owns a condo in Seattle. After building the house, he continued to work and live in Seattle three days a week and live in Kitsap four days a week, telecommuting twice a week for his job in Seattle. Dr. Marcuse retired in the fall of 2015. He continues to live in Seattle three days a week. His legal residency is in Kitsap County.

Brenda McGhee is a transition specialist at Seattle Public Schools – Interagency Academy. She notes her direct work with children and families and her investment in programs that promote their growth and success. She resides in District 5.

Zam Zam Mohamed is the CEO and co-founder of Voices of Tomorrow. She notes having worked as a consultant, trainer, and mentor in communities of color as her primary qualification. She resides in District 2.

Sarah Roseberry-Lytle is the director of outreach and education at the Institute for Learning & Brain Science at the University of Washington. She notes having worked on behalf of children and families for many years, including in her current position, where she is tasked with disseminating the latest science of child development to improve the lives of youth. She resides in District 4.

Mary Jean Ryan is the executive director of the Community Center for Education Results. She notes having extensive professional and volunteer experience in education policy and research. She resides in District 1.

Terry Smith is the assistant director, parks & community services for the City of Bellevue. He notes having managed Youth and Teen Services, Human Services, and the Diversity Initiative. He works in District 6. He has been appointed as a representative for the City of Bellevue. He does not reside in King County.

Four-year term appointees (11 of 14 possible)

Appointments for the four-year term expire on January 31, 2020.

Debbie Carlsen is an executive director at LGBTQ Allyship. She cites her work advocating to end youth homelessness, including engaging in intervention strategies, among her qualifications. She resides in District 1.

Abigail Echo-Hawk is the co-director of Partnerships for Native Health at Washington State University. She notes having specialized in facilitating cross-cultural partnerships and having been an integral part of establishing research projects and public health initiatives with rural and urban tribal communities across the United States. She resides in District 1.

Janet Levinger is a consultant on strategic partnerships at The Learner First. She cites her work history in improving education and supporting children and their families among her relevant experience. She resides in District 6.

Diane Lowry-Oakes is the president and CEO of the Washington Dental Services Foundation. She states that her long-time advocacy for increasing access to oral health care services, prevention and early intervention including for children and pregnant women. She resides in District 6.

Calvin Lyons is the president & CEO of the Boys and Girls Clubs of King County. He cites his success as a youth development director and executive as enabling him to provide great value to this effort. He resides in District 5.

Trisa Moore is the director, family and community partnerships for the Federal Way School District. She notes her doctoral work focused on educational leadership and service to families and community empowerment. She resides in District 7.

Gary Pollock has over 35 years of experience in the non-profit sector including experience working with well-known King County agencies serving children. He resides in District 6.

Terry Pottmeyer is the CEO of Friends of Youth. Terry cites involvement in issues and work to benefit children, youth, young adults and families for more than three decades as relevant experience. Terry resides in District 6.

Mark Pursley is the executive director for the Greater Maple Valley Community Center. He notes his 30 years of experience working with diverse youth in a variety of settings. He resides in District 5.

Nancy Woodland is the executive director of WestSide Baby. She notes her unique voice as a result of her organization's focus on the materially basic items children need to support their health and welfare, especially in conjunction with the critical support services provided by other agencies. She resides in District 8.

The Honorable Nancy Backus is the mayor of the City of Auburn. She notes that Auburn, specifically, is poised to provide regional leadership to craft a system of service partnerships to address the challenges of at-risk indicators for our youth, and redirect the risk to reward. She resides in District 7.

Best Starts for Kids Science and Research Panel Members

Chris Blodgett

Washington State University, Child & Family Research Unit

Cecilia Breinbauer

University of Washington, Global Health/ Psychiatry & Behavioral Sciences

Eric Bruns

University of Washington, School Mental Health Assessment, Research and Training

Ellen Frede

Gates Foundation

Kacey Guin

City of Seattle, Department of Education & Early Learning

Judie Jerald

Save the Children

Erica Johnson

City of Seattle, Department of Education & Early Learning

Hye-Kyung Kang

Seattle University, Masters of Social Work Program

Liliana Lengua

University of Washington, Center for Child and Family

Ed Marcuse

Retired pediatrician and professor, Seattle Children's Hospital and University of Washington

Lisa Mennet

Cooper House

Patrick O'Carroll

US Department of Health & Human Services, Region 10 HHS

Sara Roseberry-Lytle

University of Washington, Institute for Learning & Brain Sciences

Sue Spieker

University of Washington, Catherine Barnard Center on Infant Mental Health & Development

Debra Sullivan

National Black Child Development Institute

Pooja Tandon

Seattle Children's Research Institute

Eric Trupin

University of Washington, Department of Psychiatry

Edwina Uehara

University of Washington, School of Social Work

Leslie Walker

Seattle Children's Hospital

Juvenile Justice Equity Steering Committee Members

Law Enforcement

Kathleen O'Toole

Chief, Seattle Police Department

John Urquhart

King County Sheriff

Mike Villa

Chief, Tukwila Police Department

Youth & Parents

Sean Goode

Matt Griffin YMCA Director of Youth and Family Programs, YMCA of Greater Seattle

Georgina Ramirez

Former Youth Development Specialist at the Mockingbird Society
Senior Leadership Development Director, YMCA of Greater Seattle

Jaleel Hayes

Youth

Kadeem McLaurin

Youth

Jaelonie Ayers

Youth

Tess Thomas

Foster parent

Education

Larry Nyland

Superintendent, Seattle Public Schools

Susan Enfield

Superintendent, Highline Public Schools

Calvin J. Watts

Superintendent, Kent School District

Tammy Campbell

Superintendent, Federal Way Public Schools

Kendrick Glover

President, Glover Empower Mentoring Program

Justice Systems

Dan Satterberg

Prosecuting Attorney's Office, King County

Judge Susan Craighead

Presiding Judge, King County Superior Court

Judge Wesley Saint Clair

Chief Juvenile Court Judge, King County Superior Court

Twyla Carter

Public Defender, King County

Community Leaders

Dustin Washington

Community Justice Program Director, American Friends Service Committee

Sorya Svy

Executive Director, SafeFutures

Ricardo Ortega

Political Organizer, LELO (Legacy of Equality, Leadership, and Organizing)

Jacque Larrainzar

LGBTQ Refugee/Immigrant Outreach Specialist, Seattle Counseling Service

Dr. Gary Perry

Sociology Professor, Seattle University

Anne Lee

Executive Director, TeamChild

Joey Gray

Executive Director, United Indians of All Tribes Foundation

Community Involvement

Dominique Davis

Program Coordinator, 180 Program

Natalie Green

State Department of Social and Health Services (DSHS)

Dr. Heather Clark

Rainier Scholar, Cultural Anthropologist at University of Washington

Faith

Dr. Edward Donaldson

Pastor, Kingdom Family Worship Center

Benjamin Shabazz

Imam, Muslim community leader

Mental Health

Dr. Eric Trupin

Director and Vice Chair, University of Washington Department of Psychiatry & Behavioral Sciences

Roy Fisher

Program Manager, Navos Child Youth and Family Department, Member of Navos Equity and Inclusion Committee

Community Conversations – 2015 and 2016				
Community or Region	Conversation Location	Convening Partner (s)	Date (s)	
East King County – Bellevue and Redmond	Highland Community Center	Eastside Pathways and Eastside Human Services	10/22/15	4/7/16
East King County – Issaquah	Gibson Hall	Healthy Youth Initiative Forum	11/16/15	
East King County – Issaquah	Issaquah School District Administration Building	Healthy Youth Initiative Forum		4/22/16
East King County – Snoqualmie Valley	Fall City Library	Healthy Community Coalition	10/15/15	4/21/16
North King County	Shoreline Conference Center	North Urban Human Services Alliance	10/28/15	4/13/16
North Seattle	Northgate Community Center	City of Seattle	12/16/15	5/3/16
South Seattle	New Holly Community Center	CCER	12/15/15	
South Seattle	South Seattle Senior Center	Community Center for Education Results (CCER), Seattle Human Services Coalition, Communities in Action, South Seattle Education Coalition		4/21/16
South King County	Renton Community Center	CCER	9/22/15	
South King County – Auburn and Maple Valley	Maple Valley Community Center	CYAB Board Members		5/9/16
South King County – Federal Way	Federal Way Council Chambers	Sound Cities Association		5/16/16
South King County – Kent	Kent Family Center	Sound Cities Association		4/26/16
Skyway	WAYS Youth Collaborative	WAYS Youth Collaborative	8/14/15	
Vashon Island	JG Commons	Social Service Network	8/15/15	5/3/16

IMPLEMENTATION SCIENCE

The National Implementation Research Network ([NIRN](#)) defines five frameworks of implementation that will guide King County in our partnerships and investments in communities, through *Best Starts for Kids*, to assure that together we are building strong, innovative and community-driven programs to meet the needs of children, youth and families. These frameworks will guide our approach to procurement, and our support for implementation in communities:

- **Usable Interventions:** For a program to be implemented well, it must be well defined. This includes creating clear descriptions of programs and clarity around what is essential to operate the program.

King County values innovative approaches and community-driven programming. Building upon community strengths and innovation will be key to *Best Starts for Kids*. King County can use implementation guidelines and principles to support partners to articulate their work and the needs of specific populations, and over time to refine practices and replicate programs. This focus on usable interventions begins with the request for proposal (RFP) process, deepening understanding through initial site visits prior to contracting and will continue through ongoing programming.

- **Stages of Implementation.** Programs go through stages of implementation. To be fully operationalized takes time and intentionality. Stages of program implementation include exploration (building capacity or readiness), installation phase (training and resources needed to support programming), initial implementation and full implementation to reach outcomes.

King County will take into account the stage of implementation and acknowledge the supports, time and intentionality it takes to reach full implementation. Newly-established programs need resources and support, and intentional time allotments, to build capacity. This will be reflected through a supportive approach to contracting that attends to both adequate fiscal and intentional resources.

- **Implementation Drivers.** There are elements that must be in place to achieve program outcomes. They include training, coaching and staffing at the organizational level. Organizations and/or communities themselves will understand best who will most effectively deliver programming, or must ensure programs have a cultural match for delivering services. Leadership within organizations and programs must be supported to drive toward changed organizational practices that support an environment of effective innovations, and implementation supports for practitioners. Having an adequately-resourced data system to support decision making is also an essential component of the innovation and implementation supports for practitioners, that will lead to outcomes.

For BSK, understanding these elements and helping programs build capacity in these areas or adequately resource community-based organizations to understand what must be in place, amplifies chances of success.

- **Implementation Teams.** Purposeful, active and effective implementation work is done by implementation teams. Some implementation teams are intermediary organizations that help others implement evidence-based programs. Other implementation teams are developed within programs, but with support from groups outside the organization or system.

King County has an opportunity with *Best Starts for Kids* to identify how to best support programs in their implementation by contracting with community-based organizations to support capacity building. King County itself can play a key role in effective implementation by identifying capacity building needs within communities, and finding or providing support for community-based organizations. This can mean ensuring community-based organizations are getting adequate funding and articulating the needs in their budget. This can also include the role of convening learning circles so programs are able to learn from one another.

- **Plan. Do. Study. Act.** The plan-do-study-act cycle involves a trial and learning approach in which these steps are conducted over cycles designed to discover and solve problems, and eventually lead to achieving high standards while creating an atmosphere of ongoing learning. King County supports this philosophy of ongoing continuous quality improvement, building the capacity of organizations to utilize data for decision making, and identifying opportunities for authentic learning.

Communities of Opportunity Results Based Accountability Framework, Indicator Measures and Strategy Areas What do we want our results to be over time? How do we measure progress?		
Result One - All People Thrive Economically Regardless of Place or Race		Headline Population Indicators (data disaggregated by race & place for all indicator measures in this table) What measures are indicators of success toward achievement of our result over time? 1) % earning a living wage – above 200% of poverty 2) % youth & young adults connected to school or work
Strategy Areas – What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Specific Strategies Emerging	Additional Indicator Measures
1) Support establishment and conditions for success of local businesses, including potential cooperatively owned businesses 2) Workforce development opportunities and local hiring 3) Employment training and other opportunities to increase potential of youth, young adults and children in communities 4) Built environment supports live/work/prosper/play communities	<ul style="list-style-type: none"> • Food innovation districts and food business incubators that reflect the incredible diversity and talents of community • Business innovation hubs and incubators, including cooperatively owned businesses • Work with partners to increase conditions for success of business hubs, districts and incubators • Supports for local existing businesses • Increase opportunities for community businesses to contract with institutions • Attract anchor employer(s) to communities who will support “thrive in place” community benefits desired, and will hire locally, including 	<ul style="list-style-type: none"> • % employed • % participating in workforce and workforce system activities • % graduates with certifications and/or post-secondary degrees • % youth graduate high school • Increase in ownership interests/wealth by existing community members

	physical/behavioral health entities <ul style="list-style-type: none"> • Achieve more local hires by local businesses • Increase training, job preparedness, certification and employment opportunities for youth, young adults and other adults • Increase supports for family success partners, early learning connectors, high school graduates and graduates with degrees, certificates, permits and/ or licenses 	
Result Two - All People are Connected to Community Regardless of Place or Race		Headline Population Indicators 1) % youth who have an adult to turn to for help 2) % engaged in civic activities
Strategy Areas – What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies Emerging	Additional Indicator Measures
1) Preserve community-based cultural anchors 2) Strong community leadership and civic engagement 3) Well-designed, safe, sustainable & resilient built environment with useful community space	<ul style="list-style-type: none"> • Community owned space to strengthen multi-cultural and community-based organizations • Community leadership development, especially youth & young adult leadership, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience • Community-designed and envisioned spaces where the community can connect on a regular basis, hold events and civic activities, get exercise, access transit options, etc. • Encourage and grow civic participation in community and regional issues, including volunteering, advocacy, voting, community-based data collection, etc. • Encourage and grow other forms of community 	<ul style="list-style-type: none"> • % adults with social and emotional support • % voter registration • % reduction incarceration, especially youth and young adults

	collaboration and cohesion such as food advocates, walking groups, etc.	
Result Three - All People Have Quality Affordable Housing Regardless of Place or Race		Headline Population Indicators 1) % paying less than 50% of their income for housing 2) Reduction of involuntary displacement of local residents
Strategy Areas - What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies	Additional Indicator Measures
1) Preservation of affordable and moderately priced housing and support of housing stability; anti-displacement	<ul style="list-style-type: none"> • Support policies, strategies, system-level solutions and projects that improve the housing stability of households in the community, preserve existing affordable and moderately priced housing, including cooperatively owned, shared-equity multi-family housing • Support development of new mixed-income, affordable and mixed-use housing projects that are designed to include community benefits and include community input in design concepts • Support organizing structures for community leadership and cohesion regarding housing, including tenant councils, neighborhood planning processes, community benefit agreements, etc. • Support rental housing quality inspection programs that can effect real improvement in the health and quality of rental housing stock; ownership housing repair programs and strategies, including free tool libraries • Foreclosure prevention and home ownership 	<ul style="list-style-type: none"> • % people who are asthma free • % quality homes
2) New mixed-income and affordable housing, mixed-use housing and community benefits		
3) Increase healthy housing		

Result Four - All People are Healthy Regardless of Place or Race		Headline Population Indicators
		1) Increase life expectancy 2) % physically active
Strategy Areas - What will we do to help turn the curve toward greater equity in health & well-being indicators for this result?	Types of Strategies	Additional Indicator Measures
1) Increase youth & young adult wellness and resilience	<ul style="list-style-type: none"> • Pro-active youth and young adult wellness and violence prevention • Access to and consumption of healthy and affordable foods; urban agriculture, community gardens, healthy food bulk programs and co-ops, farmer's markets, healthy food businesses, food bank healthy food programs • Community-based physical activity programs and clubs, including walking groups, bicycle clubs, etc. • Community-designed safe physical activity plans and amenities are created in built environment 	<ul style="list-style-type: none"> • % food secure • % diabetes free • % consumption of fruits and vegetables daily • % reduction in incidents of violence • % reduction youth/young adult arrests
2) Increase access and consumption of healthy and affordable food in communities		
3) Increase physical activity in communities		

This RBA framework was developed over the course of a year of co-design with the three place-based site partners, Rainier Valley, White Center and SeaTac/Tukwila and with the Communities of Opportunity Interim Governance Group using the Results Based Accountability (RBA) methodology and practice. RBA users are guided through a data driven decision making process that starts with the development of the results the partners desire to reach, and then works backwards to develop indicator measures and strategies. The strategies for action are intended to address conditions that are causally linked to inequitable outcomes, and that will move the indicator measures towards the desired results over time. The COO partners have developed this shared strategy and measurement platform to work with partners in collective impact towards significant progress in reaching this set of common results over an extended period of time (10 to 20 years). The RBA framework may evolve in the strategy areas and strategies as new places and grantees are funded.

COMMUNITIES OF OPPORTUNITY HISTORY

Place-based interventions

In winter 2014/2015, a competitive Letter of Interest (LOI) process was used to invite existing place-based community partnership tables to apply to be a COO site. Three sites were chosen from 21 applications through the LOI review process, which included in-person interviews with the top scoring applications. Three place-based sites, Rainier Valley, White Center and SeaTac/Tukwila, were awarded five-year backbone grants in March 2015 to support their communities' engagement in COO.

After these awards were made, the three communities were directly involved in the work to establish the results based accountability (RBA) framework for COO, and each site appointed a lead member to the COO Governance table, which also had a role in the development of the COO RBA framework. Once the COO RBA framework was developed, a co-design phase began, in which COO staff supported the work of the sites to create a set of strategy areas that resonated across the three sites, and where relevant for a site, specific strategies that aligned with the framework strategy areas. This work has been iterative, with the site work influencing the framework collectively and independently. The refining of strategies in Spring 2016 will result in implementation plans for the three sites, and will line up the work with the implementation of the COO element of the BSK Levy.

Grants to Agencies for Institutional, System and Policy (ISP) Change Work

Two competitive funding rounds for this component of COO were held in mid-2014 and late 2015. The first round resulted in 12 capacity building and system/policy change grants, funded by the Seattle Foundation, being awarded to *African American Reach and Teach Health Ministry, Futurewise, Global to Local, Got Green, Mockingbird Society, OneAmerica, Open Doors for Multicultural Families, Public Defender Association, Puget Sound Sage, Seattle Indian Health Board, Skyway Solutions and White Center Community Development Association*.

The second round was released in late 2015, and was also funded by the Seattle Foundation. That RFP resulted in 18 awards that were closely aligned with the COO Results Based Accountability framework, and that addressed institutional, system and policy issues across housing, health, economic opportunity and community connection. The grants were awarded to: *Church Council of Greater Seattle; Duwamish River Cleanup Coalition; FEEST; Latino Community Fund with Entre Hermanos, Para los Ninos, SPIARC, Colectiva and Puentes; LGBTQ Allyship; Living Well Kent; One America and Transportation Choices Coalition; Open Doors for Multicultural Families; Puget Sound Sage; Tenants Union of Washington State; Washington CAN!; Ethiopian Community in Seattle; Futurewise; Healthy King County Coalition; Housing Development Consortium Seattle/King County; Mercy Housing Northwest; Somali Youth and Family Club & Coalition of Refugees from Burma; and, Yesler Community Collaborative*.

Learning Community

In September 2015, COO sponsored a regional a two-and-a-half-day public innovators' lab with the Harwood Institute. Approximately 100 interested persons from local governments and organizations working with local governments from across the County participated in the lab. The event was useful to the participants for continuous improvement in local government relationships with the most marginalized communities and in establishing a broader range of relationships between these local governments, communities and COO.

Strategic planning in 2016 has identified the need to create even stronger alignment across the place-based site work, the systems change and policy work, the COO RBA framework and the learning community. The COO interim governance group believes that creating a more structured and resourced learning community will be a crucial link for all components of COO investments and interventions.

While a learning community concept has always been loosely considered as a component of COO, there has previously not been the capacity to launch a robust and productive learning community that can play a key role in changing the trajectory of inequitable health and well-being outcomes and levels of opportunity across the King County region. This capacity will now be supported through BSK.

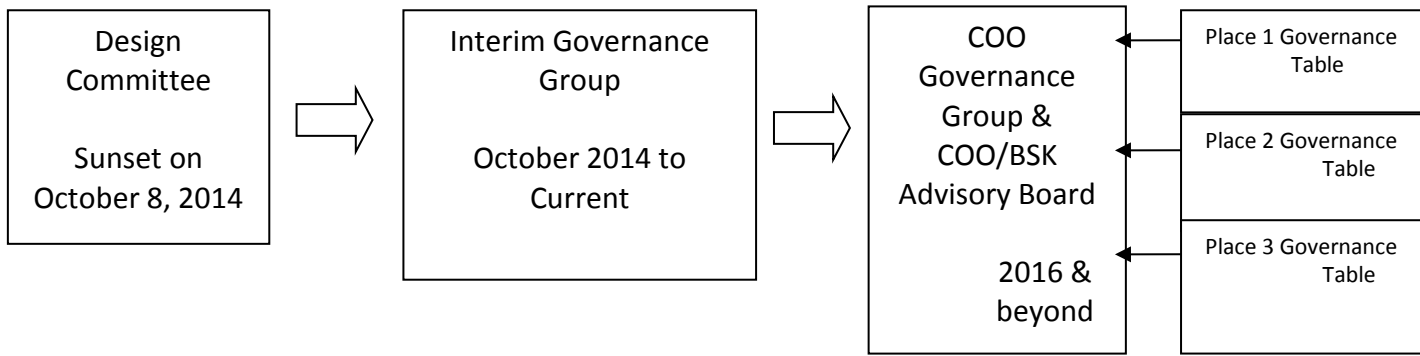
COO Founders, Design Committee and Interim Governance

In March 2014, COO Founders – the Seattle Foundation and King County – signed a Memorandum of Understanding to launch Communities of Opportunity, making the following broad agreements:

- Engage with each other and with community partners in joint planning and design work that will further clarify the initiative’s outcomes and process steps for the identification of and investment in communities of opportunity
- Work together to authentically engage community members in meaningful levels of participation throughout the communities of opportunity initiative
- Work proactively to leverage additional community partners and resources under the communities of opportunity umbrella
- Increase efficiencies and prevent duplication of effort
- Commit to strong and transparent communications, and craft common language to describe the COO framework
- Develop an evaluation framework that provides feedback for continuous improvement, course corrections, and understanding the impact of the initiative on partnering organizations and communities
- Commit to participating in the work with each other, with community partners, with residents, and with Living Cities as part of a learning community.

To move Communities of Opportunity forward in 2014, the founders asked a group of community partners and their staff to join them in shaping the initial contours and investments of COO. This Design Committee met six times over six months to guide the development of the Requests for Proposals for the first two funding rounds of COO.

In October 2014, the COO founders realized that COO had evolved to a point where it needed to create an interim governance structure that would begin to position the initiative for long term success. A COO Interim Governance Group (IGG) would be needed to provide overall strategic guidance for COO, make recommendations for funding awards, chart its future course, and orchestrate the different components into a cohesive whole. Each of the three COO place-based sites would need to be part of that overarching governance group, in addition to having their own local governance tables.



Evolution of COO from Initial Design Committee to Ongoing Governance

The IGG was convened in October 2014 to shepherd the initiative through its inception, and to engage in a strategic planning process regarding the future course of COO. The passage of the BSK Levy in November 2015 called for the COO Interim Governance Group to be the interim advisory group for the planning process related to the COO portion of the levy. BSK Levy Ordinance 18220 amended the makeup of the IGG to reduce the number of King County representatives from three members to two, consisting of one Executive appointee and one Council appointee; increased the number of Seattle Foundation appointees from one to two; and added two community member appointees from communities eligible for COO participation, as defined in the ordinance.

Ordinance 18220 also directed that the IGG “...make recommendations to the King County executive concerning the expenditure of best starts for kids levy proceeds, and collaborate with the executive to develop the implementation plan [for the COO element of the levy] to submit to the council by June 1, 2016”; and also that “the executive shall transmit to council [a separate] ordinance on the composition and duties of a successor to the communities of opportunity interim governance group.” Details regarding the COO-BSK Levy Advisory Board are contained in the separately required Ordinance.

COO-BSK Levy Advisory Board Planning and Transition

The COO Founders and IGG engaged in an intensive strategic planning process throughout the first five months of 2016 to develop the COO-BSK Implementation Plan, and the governance plan, including the composition and duties of a permanent COO Governance Group that will also serve as the COO-BSK Levy Advisory Board. During the planning period, the IGG created a COO Governance Charter and Bylaws. The bylaws state that the COO Governance Group will serve a secondary role as the COO Best Starts for Kids (COO-BSK) Levy Advisory Board with respect to BSK levy investments in COO.

The COO Governance Group will provide oversight, decision making, strategic planning and cross-sector expertise regarding the broader COO partnership, which includes resources dedicated to COO from a number of other local and national private foundations, and other potential future funders. In the role as the COO-BSK Levy Advisory Board, the board will serve solely to make recommendations for BSK levy investments in COO pursuant to the COO-BSK Implementation Plan, and for specific RFPs and funding processes developed in accordance with the Implementation Plan. Meetings of the COO-BSK Levy Advisory Board will be posted on the King County website and open to the public to listen and observe the meeting proceedings. It is anticipated that there will be approximately three or four meetings of the COO-BSK Levy Advisory Board per year.

A sub-committee of the Interim Governance Group (IGG) called the Transition Committee shall be convened in 2016 to recommend a roster of members that will constitute the successor COO Governance Group and BSK Levy Advisory Board. The Transition Committee will make its recommendations to the full IGG in time for the IGG to accept a membership roster by the end of the year 2016. The Transition Committee will solicit information from current IGG members regarding their interest in ending their term of service with the IGG, or in continuing their service on the permanent COO Governance Group. In addition, the Committee will collect recommendations from the IGG for potential new members of the COO Governance Group, and will also review *Letter(s) of Interest to Serve on the COO Governance Group* received via the King County website, if any are received. The Committee will use a *COO Results and Sectors Matrix Tool* to aid them in recommending a proposed final roster of the new COO Governance Group that is a robust cross-sector governance table reflecting the diversity in the County. The IGG will take action to accept a final roster of the COO Governance Group/COO-BSK Levy Advisory Board pursuant to Ordinance #18220 and the requisite response Ordinance.

5/3/16 – DRAFT

Best Starts for Kids Dashboard

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures																				
Prenatal to 5 years	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?																				
	Babies are born healthy and establish a strong foundation for lifelong health and well-being.	Healthy Birth Outcomes: <ul style="list-style-type: none">• Infant mortality• Pre-term birth	<table><caption>Baseline Data for Prenatal to 5 years</caption><thead><tr><th>Group</th><th>Percentage</th></tr></thead><tbody><tr><td>King</td><td>47%</td></tr><tr><td>White</td><td>58%</td></tr><tr><td>Asian</td><td>52%</td></tr><tr><td>Black</td><td>40%</td></tr><tr><td>Hispanic</td><td>33%</td></tr><tr><td>NHPI</td><td>33%</td></tr><tr><td>AIAN</td><td>28%</td></tr><tr><td>Low-income</td><td>36%</td></tr></tbody></table>	Group	Percentage	King	47%	White	58%	Asian	52%	Black	40%	Hispanic	33%	NHPI	33%	AIAN	28%	Low-income	36%	<i>Examples of funding approaches:</i> <ul style="list-style-type: none">• Support for Parents, Families & Caregivers(2 Gen Approach): Expand home visiting to both evidence-based and promising practices	<i>For each funded approach we will identify performance measures that address:</i> <ul style="list-style-type: none">• How much did we do?• How well did we do it?• Is anyone better off?		
		Group		Percentage																					
		King		47%																					
		White		58%																					
Asian	52%																								
Black	40%																								
Hispanic	33%																								
NHPI	33%																								
AIAN	28%																								
Low-income	36%																								
Kindergarten ready																									
Child abuse/neglect																									
Flourishing & resilient																									
5 to 24 years	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?																				
King County is a place where everyone has equitable opportunities to progress through childhood safely and healthy, building academic and life skills to be thriving members of their community.	Reading at 3rd grade level		<table><caption>Baseline Data for 5 to 24 years</caption><thead><tr><th>Group</th><th>Percentage</th></tr></thead><tbody><tr><td>King</td><td>81%</td></tr><tr><td>Asian</td><td>87%</td></tr><tr><td>White</td><td>86%</td></tr><tr><td>Black</td><td>71%</td></tr><tr><td>Hispanic</td><td>66%</td></tr><tr><td>NHPI</td><td>60%</td></tr><tr><td>AIAN</td><td>59%</td></tr><tr><td>Homeless</td><td>47%</td></tr><tr><td>Low-income</td><td>69%</td></tr></tbody></table>	Group	Percentage	King	81%	Asian	87%	White	86%	Black	71%	Hispanic	66%	NHPI	60%	AIAN	59%	Homeless	47%	Low-income	69%	<i>Examples of funding approaches:</i> <ul style="list-style-type: none">• Meeting the health and behavior needs of youth. Expand school based health centers (SHBCs) across the county and expand types of services provided in current SBHCs• Build resiliency of youth, help youth reduce risky-behaviors, and help youth stay connected to their families and communities. Establish trauma-informed schools	<i>For each funded approach we will identify performance measures that address:</i> <ul style="list-style-type: none">• How much did we do?• How well did we do it?• Is anyone better off?
	Group	Percentage																							
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	NHPI	60%																							
AIAN	59%																								
Homeless	47%																								
Low-income	69%																								
Math at 4 th grade level																									
On-time high school graduation																									
College/career-ready by age 24																									
Youth & young adults in school or working																									
Excellent/very good health																									
Youth substance use																									
Flourishing & resilient																									

*For each indicator we plan to include detailed data on disparities by race/ethnicity, income.

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5/20/16 – DRAFT

Dashboard: Communities of Opportunity Part 1

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures								
Health	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?								
	All children, adults, and communities in King County are healthy	Life expectancy	<table><tr><td>King, 22%</td></tr><tr><td>AIAN, 29%</td></tr><tr><td>NHPI, 26%</td></tr><tr><td>Black, 25%</td></tr><tr><td>Other, 25%</td></tr><tr><td>Multiracial, 24%</td></tr><tr><td>White, 23%</td></tr><tr><td>Hispanic, 18%</td></tr><tr><td>Asian, 16%</td></tr></table>	King, 22%	AIAN, 29%	NHPI, 26%	Black, 25%	Other, 25%	Multiracial, 24%	White, 23%	Hispanic, 18%	Asian, 16%	<p><i>Examples of approaches:</i></p> <ul style="list-style-type: none">Increase physical activity in communities: Create community-designed spaces (like parks and sidewalks) through plans (like neighborhood, zoning, land-use, and transportation) that feature safety (like sidewalks, lighting)
King, 22%													
AIAN, 29%													
NHPI, 26%													
Black, 25%													
Other, 25%													
Multiracial, 24%													
White, 23%													
Hispanic, 18%													
Asian, 16%													
Youth and adult physical activity (youth data shown here)													
Housing	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?								
	All children, adults, and communities in King County have quality/affordable homes	Households paying more than 50% of income for housing	<table><tr><td>King, 25%</td></tr><tr><td>Black, 33%</td></tr><tr><td>Hispanic, 30%</td></tr><tr><td>Multiracial, 30%</td></tr><tr><td>AIAN, 28%</td></tr><tr><td>White, 24%</td></tr><tr><td>Asian, 24%</td></tr><tr><td>NHPI, 10%</td></tr></table>	King, 25%	Black, 33%	Hispanic, 30%	Multiracial, 30%	AIAN, 28%	White, 24%	Asian, 24%	NHPI, 10%	<p><i>Examples of approaches:</i></p> <ul style="list-style-type: none">Preserve affordable and quality housing and support housing stability: Support policies, strategies, system-level solutions and projects that preserve existing affordable and moderately priced housing, including cooperatively owned multi-family housing	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"><i>How much did we do?</i><i>How well did we do it?</i><i>Is anyone better off?</i>
King, 25%													
Black, 33%													
Hispanic, 30%													
Multiracial, 30%													
AIAN, 28%													
White, 24%													
Asian, 24%													
NHPI, 10%													
Involuntary displacement of local residents													

*For each indicator we plan to include detailed data on disparities by race/ethnicity, place, and income.

5/20/16 – DRAFT

Dashboard: Communities of Opportunity Part 2

	Results	Population indicators	Baseline	Strategy informed by info & research on causes/solutions	Performance measures																				
Economic Opportunity	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?																				
All children, adults, and communities in King County thrive economically	Earn a living wage, as measured by being above 200% of poverty	Youth and young adults who are either in school or working	<table><tr><th>Race/Ethnicity</th><th>Percentage</th></tr><tr><td>King</td><td>76%</td></tr><tr><td>White</td><td>80%</td></tr><tr><td>Asian</td><td>75%</td></tr><tr><td>Multiracial</td><td>66%</td></tr><tr><td>AIAN</td><td>52%</td></tr><tr><td>NHPI</td><td>51%</td></tr><tr><td>Hispanic</td><td>50%</td></tr><tr><td>Black</td><td>49%</td></tr></table>	Race/Ethnicity	Percentage	King	76%	White	80%	Asian	75%	Multiracial	66%	AIAN	52%	NHPI	51%	Hispanic	50%	Black	49%	<p><i>Examples of funding approaches:</i></p> <ul style="list-style-type: none">Local hire and workforce development: Attract anchor employers to communities who will hire locally, including physical/behavioral health care providers	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"><i>How much did we do?</i><i>How well did we do it?</i><i>Is anyone better off?</i>		
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Asian	75%																								
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NHPI	51%																								
Hispanic	50%																								
Black	49%																								
Connection to Community	Result	How do we measure Result?	Where are we now?	What will we do to help turn the curve toward equity?	How will we measure what we do?																				
All children, adults, and communities in King County feel like they are part of a community	Youth have an adult to turn to for help	Adults engaged in civic activities	<table><tr><th>Race/Ethnicity</th><th>Percentage</th></tr><tr><td>King</td><td>72%</td></tr><tr><td>White</td><td>79%</td></tr><tr><td>Multiracial</td><td>68%</td></tr><tr><td>AIAN</td><td>68%</td></tr><tr><td>Other</td><td>66%</td></tr><tr><td>NHPI</td><td>65%</td></tr><tr><td>Asian</td><td>64%</td></tr><tr><td>Black</td><td>63%</td></tr><tr><td>Hispanic</td><td>61%</td></tr></table>	Race/Ethnicity	Percentage	King	72%	White	79%	Multiracial	68%	AIAN	68%	Other	66%	NHPI	65%	Asian	64%	Black	63%	Hispanic	61%	<p><i>Examples of funding approaches:</i></p> <ul style="list-style-type: none">Strong community leadership and civic engagement: Community leadership development, especially youth/young adult leadership development, community-based youth mentors, corner greeters and other community-based programs to increase youth safety and resilience	<p><i>For each funded approach we will identify performance measures that address:</i></p> <ul style="list-style-type: none"><i>How much did we do?</i><i>How well did we do it?</i><i>Is anyone better off?</i>
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